

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000002857



Entity Name  
MIL LLC

Principal Place of Business  
5650 NW 115 CT. #208  
MIAMI, FL 33178

Mailing Address  
5650 NW 115 CT. #208  
MIAMI, FL 33178



01132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1079814

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAZZIOTTA, MELINDA B  
15 COLLINS AVE  
SUITE 603  
MIAMI, FL 33160

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IN THIS SPACE**

I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000398465  
01/30/06 80035-017 50.00

**MANAGING MEMBERS/MANAGERS**

MGR  
MAZZIOTTA, MELBA B  
5650 NW 115 CT. #208  
MIAMI, FL 33178

MGR  
LOMENA, CARLOS R  
5650 NW 115 CT. #208  
MIAMI, FL 33178

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CARLOS R. LOMENA

Date

Daytime Phone #

1/13/06 (305) 310-8256