

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90003 002 ****50.00

DOCUMENT # L01000006836

1. Entity Name

MILLER LUDLAM, LLC



Principal Place of Business

**7400 S.W. 50TH TERR., STE. 201
MIAMI FL 33155**

Mailing Address

**7400 S.W. 50TH TERR., STE. 201
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1105152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRCH, PATRICIA J
7400 S.W. 50TH TERR., STE. 201
MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ROBERT, GALLAHER**
STREET ADDRESS **7400 SW S TERR STE 201**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **mgr** ☒ Change ☐ Addition
NAME **Robert E. Gallaher**
STREET ADDRESS **7400 SW 50 Terr Ste 201**
CITY-ST-ZIP **Miami, FL, 33155**

TITLE **MGR** ☐ Delete
NAME **BIRCH, PATRICIA**
STREET ADDRESS **7400 SW S TERR STE 201**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **mgr** ☒ Change ☐ Addition
NAME **Patricia Birch**
STREET ADDRESS **7400 SW 50 Terr Ste 201**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patricia Birch

PATRICIA BIRCH

Date

10/11/03 3056631140

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

Date

Daytime Phone #

CR2E083 (10/02)