## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L01000007286 06-14-2004 90290 008 \*\*\*\*50.00 DANÁ MICHELLE MILLER, LLC Principal Place of Business Mailing Address 5177 ELMIRA STREET 5177 ELMIRA STREET MILTON, FL 32570 MILTON, FL 32570 2. Principal Place of Business 3. Mailing Address 2716 Hwy87 South 2716 Hwy87 South Suite, Apt. #, etc. Suite, Apt. #, etc. 06082004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEJ Number Applied For <u>Florida</u> lavarre 59-3726100 lorida Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired us 32566 3<u>2566</u> US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lang Zhukova MILLER, DANA M 5177 ELMIRA STREET Street Address (P.O. Box Number is Not Acceptable) MILTON, FL 32570 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 Fiorida. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed na (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete TITLE Zhukova, Dana NAME MILLER, DANA NAME STREET ADDRESS 1613 WINDING SHORE DRIVE STREET ADDRESS (same addiess CITY-ST-ZIR GULF BREEZE, FL 32563 CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jun 14, 2004 8:00 am

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IN THE CIRCUIT COUF IN AND FOR IN RE: THE NAME CHANC	SANTA ROSA	#LOI 0000 JUDICIAL COUNTY, FLORIDA  Case No.: OU-OU Division:	,
DANA MICHELLE M	TLLER, Petitioner.	DO(	CKETED
FINAL	JUDGMENT OF CHANG	GE OF NAME (ADULT)	
This cause came befo Change of Name (Adult) under	re the Court on {date} 10.  er section 68.07, Florida State	nuary 12,2004 for a hearing outes, and it appearing to the Court	n Petition for t that:
1. Petitioner is a bona fie	de resident of <u>Santa</u> Ro	Se County, Florida;	
2. Petitioner's request is	not for any ulterior or illegal	purpose; and	
	vill not in any manner invade acy, trademark, or otherwise;	the property rights of others, wheth	her partnership,
ORDERED that Petit is changed to Mic ORDERED that Petitioner shall hereafter be kn		na Nichelle Miller	by which
ordered on Jan	may 12, 2004.		
,	CIRCUIT	Joe Sulle	
COPIES TO: Petitioner Cicert)	A Company of the Comp	RUE AND CORRECT COPY	er en
DT 1/20	MAR	Y M. JOHNSON CIRCUIT COURT	
:	BY Livar	~ MMovah	<u> </u>
	DATE: Jan	DEPUTY CLERK	
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