LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91553 028 ****50.00

DOCUMENT # L01C0001834 6

1. Entity Name
Miller & Associates, P.L.C.

949274

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3302 Azeele St.	3302 Azeele St.
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Tampa, FL 33609	City & State Tampa, FL
Zip 33609 Country US	Zip 33609 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: H. J. Miller, Esq.
Street Address (P.O. Box Number is Not Acceptable): 3302 Azeele Street
Suite 200
City: Tampa FL Zip Code: 33609

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	H.J. Miller, Esq.
STREET ADDRESS	3302 Azeele Street Suite 200
CITY-ST-ZIP	Tampa, FL 33609
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NAME	
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CR2E083B (12/01)

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: H. J. Miller, Esq. 4-23-02 (813) 879-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #