


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000000287

1. Entity Name  
 MIRACLE MULTIPLICATION, LLC



Principal Place of Business  
 10235 W. SAMPLE ROAD, UNIT #205  
 CORAL SPRINGS, FL 33065

Mailing Address  
 10235 W. SAMPLE ROAD, UNIT #205  
 CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number  
 30-0017173

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHELOR, BYRON  
 10235 W. SAMPLE ROAD, UNIT #205  
 CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000910164  
 05/06/08-80100-001 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DYER, GLORIA<br>10155 NW 31 CT<br>SUNRISE, FL 33351                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BACHELOR, BYRON<br>10235 W. SAMPLE RD #205<br>CORAL SPRINGS, FL 33065 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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11. 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: *Gloria Dyer* 4-14-08 - 954-5723222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #