

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001430

1. Entity Name
MILLER, SHINE & BRYAN, P.L.



Principal Place of Business
97 ORANGE STREET
ST AUGUSTINE, FL 32084

Mailing Address
PO BOX 3376
ST. AUGUSTINE, FL 32085



04122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0375296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHINE, JUDITH G
97 ORANGE STREET
ST AUGUSTINE, FL 32084

**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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MILLER, JOSEPH C II
7248 A1A SOUTH
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SHINE, JUDITH G
7248 A1A SOUTH
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRYAN, LINDA L
8342 ROYALWOOD DRIVE
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/14/05-80054-007 50.00

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IN THIS SPACE**

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

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

4/12/05 91-824-0484
Date Daytime Phone #