

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 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**

DO NOT WRITE IN THIS SPACE



04012008No Chg-LLC

CR2E083 (12/07)

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 _____

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

U000000878933
04/14/08-80075-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILLER, JOSEPH C II
STREET ADDRESS	7248 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	SHINE, JUDITH G
STREET ADDRESS	7248 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	BRYAN, LINDA L
STREET ADDRESS	8342 ROYALWOOD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 _____

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

Linda L. Bryan 04/01/08 904-824-0484

Date

Daytime Phone #