

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001430

FILED
Apr 26, 2009
Secretary of State

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

Current Principal Place of Business:

97 ORANGE STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 3376
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 03-0375296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, JOSEPH C II
Address: 7248 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: SHINE, JUDITH G
Address: 7248 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: BRYAN, LINDA L
Address: 8342 ROYALWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY E. HORN

OM

04/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date