FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 046 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30062725

DOCUMENT # L02000014866

1. Entity Name
MILLER & MOSIER, LLC

Principal Place of Business	Mailing Address
3111 UNIVERSITY DRIVE, SUITE 405 CORAL SPRINGS, FL 33065	3111 UNIVERSITY DRIVE, SUITE 405 CORAL SPRINGS, FL 33065

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3300 University Dr		3300 University Dr	
Suite, Apt. #, etc.: Suite 803		Suite, Apt. #, etc.: Suite 803	
City & State: Coral Springs Fl		City & State: Coral Springs Fl	
Zip: 33065	Country: Broward	Zip: 33065	Country: Broward.

4. FEI Number 27-0018215 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B
3300 UNIVERSITY DRIVE, SUITE 711
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: MILLER, JACK C STREET ADDRESS: 3111 UNIVERSITY DRIVE, SUITE 405 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☐ Delete	Mgr Miller, Jack C 3300 University Dr Ste 803 Coral Springs Fl 33065	☒ Change ☐ Addition
TITLE: MGR NAME: MOSIER, KATHI S STREET ADDRESS: 3111 UNIVERSITY DRIVE, SUITE 405 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☐ Delete	MGR Mosier, Kathi S 3300 University Dr Ste 803 Coral Springs Fl 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Jack Miller 4/21/03 954-752-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #