

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000878	
1. Entity Name MILLENNIUM MEDICAL, LLC	

Principal Place of Business 922 ILLINOIS AVE ST. CLOUD, FL 34769 US	Mailing Address 922 ILLINOIS AVE ST. CLOUD, FL 34769 US
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02132006No Chg. LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0922932	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIERICKX, DARRYN 922 ILLINOIS AVE ST. CLOUD, FL 34769

**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: _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIERICKX, DARRYN CEO 922 ILLINOIS AVE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICKENS, MEGAN B VICE PR 922 ILLINOIS AVE ST. CLOUD, FL 34769
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03/23/06-80026-011 50.00

**DO NOT WRITE
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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 605, Florida Statutes.

SIGNATURE:

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

3/8/06

407 791 6161

Daytime Phone #