## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000878

Entity Name: MILLENNIUM MEDICAL, LLC

FILED Jan 31, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

134 SOUTH SHORE DR. 1346 SOUTH SHORE DR. ST. CLOUD, FL 34771 ST. CLOUD, FL 34771

**Current Mailing Address: New Mailing Address:** 

134 SOUTH SHORE DR. 1346 SOUTH SHORE DR. ST. CLOUD, FL 34771 US ST. CLOUD, FL 34771 US

FEI Number: 71-0922932 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIERICKX, DARRYN DIERICKX, DARRYN T CEO 922 ILLINÓIS AVE 1346 SOUTH SHORE DRIVE ST. CLOUD, FL 34769 US ST. CLOUD, FL 34771

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: DARRYN T. DIERICKX 01/31/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete (X) Change ( ) Addition DIERICKX, DARRYN CEO DIERICKX, DARRYN CEO Name: Name: Address: 134 SOUTH SHORE DR. Address: 1346 SOUTH SHORE DR.

City-St-Zip: ST. CLOUD, FL 34771 US City-St-Zip: ST. CLOUD, FL 34771 US

Title: MGR (X) Delete Title: () Change () Addition Name: DIERICKX, MEGAN P VICE PR Name: Address: 134 SOUTH SHORE DR. Address: City-St-Zip: ST. CLOUD, FL 34771 US 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: DARRYN T. DIERICKX 01/31/2009