

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90071 048 \*\*\*\*50.00

**DOCUMENT # L03000005237**

1. Entity Name

**SONDRA MILLER LLC**



Principal Place of Business

**8680 SCENIC HWY #5  
PENSACOLA FL 32514**

Mailing Address

**P.O. BOX 11967  
PENSACOLA FL 32524**

**34009344**



MOORE

CR2E083 (11/03)

2. Principal Place of Business

**4051 E. OLIVE RD.**

3. Mailing Address

**P.O. Box 11967**

Suite, Apt. #, etc.

**277**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL.**

City & State

**PENSACOLA, FL.**

4. FEI Number

**20-1343843**

Applied For

☐ Not Applicable

Zip

**32514**

Country

**U.S.A.**

Zip

**32524**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, SONDRA  
8680 SCENIC HWY #5  
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

**SONDRA MILLER**

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

**4051 E. OLIVE RD. #277**

City

**PENSACOLA**

FL

Zip Code

**32514**

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

*Sondra Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete  
NAME **SONDRA MILLER**  
STREET ADDRESS **4051 E. OLIVE RD #277**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Sondra Miller* **SONDRA MILLER** **4-25-04** **850-475-8347**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EMAIL: **SONDRA@RIMONLINE.COM**