

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023932

Entity Name: MCMILLAN AND MASSIE, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

839 NAPOLI LN.
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

839 NAPOLI LN.
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 61-1452861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCMILLAN, ELIZABETH A
839 NAPOLI LN
PUNTA GORDA, FL 33950 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: MCMILLAN, ELIZABETH A
Address: 839 NAPOLI LN
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: MCMILLAN, WILLIAM C
Address: 839 NAPOLI LN.
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: MASSIE, RODNEY M
Address: 157 BALDWIN CT
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM () Delete
Name: MASSIE, PAULLA M
Address: 157 BALDWIN CT
City-St-Zip: PORT CHARLOTTE, FL 33952

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:

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: ELIZABETH A. MCMILLAN

MGRM

05/01/2008

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