

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90015 033 \*\*\*\*50.00

**DOCUMENT # L03000046915**

1. Entity Name  
**MILES LANDSCAPE AND DESIGN, LLC**



Principal Place of Business  
**775 GULFSHORE DRIVE  
#8212  
DESTIN, FL 32541**

Mailing Address  
**775 GULFSHORE DRIVE  
#8212  
DESTIN, FL 32541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**420-59-9137**

Applied For

Not Applicable

Zip

Country

**OKALOOSA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**JANET GENTRY CPA - PA**

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

**151 MARY ESTHER BLVD, Ste 405**

City

**MARY ESTHER**

**FL**

Zip Code

**32569**

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

*Janet Gentry CPA*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/2/04**

DATE

**Filing Fee is \$50.00.  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILES, MARCUS  
775 GULFSHORE DRIVE, #8212  
DESTIN, FL 32541** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

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:**

*Marcus Miles* **MARCUS MILES**

**4/20/04**

Date

**850-837-2037**

Daytime Phone #