2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

EVERETI R MOR

Mar 02, 2004 8:00 am **DOCUMENT # L03000048718 Secretary of State** 1. Entity Name 03-02-2004 90143 034 ****55.00 EVERETT R. MILLER, LLC Principal Place of Business Mailing Address 1516 LEMON BAY DRIVE 1516 LEMON BAY DRIVE VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 650 169000 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, EVERETT R Street Address (P.O. Box Number is Not Acceptable) 1516 LÉMON BAY DRIVE VENICE FL 34293 Zip Code 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM MGR TITLE ☐ Change Addition TITLE ☐ Delete Kenneth VoiseLLE NAME MILLER, EVERETT R NAME STREET ADDRESS 1516 LEMON BAY DRIVE STREET ADDRESS 10 10 Graham Rd CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP Venice F1.34893 TITLE ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED