

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90019 001 \*\*\*\*50.00

**DOCUMENT # L03000050223**

1. Entity Name

RODNEY E. MILLER L.L.C.



Principal Place of Business

626 101ST AVE N.  
NAPLES FL 34108

*Change*

Mailing Address

626 101ST AVE N.  
NAPLES FL 34108

*Change*



2. Principal Place of Business

*10130 Tropical Dr*  
Suite, Apt. #, etc.

3. Mailing Address

*10130 Tropical Dr*  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

*Bonita Spring FL*  
Zip *34135* Country *Lee*

City & State

*Bonita Spring FL*  
Zip *34135* Country *Lee*

4. FEI Number

11-3709945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, RODNEY E  
626 101ST AVE N.  
NAPLES FL 34108

*Change*

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS MILLER, RODNEY E  
CITY-ST-ZIP 626 101ST AVE N.  
NAPLES FL 34108

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 MGR  
STREET ADDRESS *Rodney E Miller*  
CITY-ST-ZIP *10130 Tropical Dr*  
*Bonita Spring FL 10130*

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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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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/28/06*

Daytime Phone #