

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052108

1. Entity Name
LEROY G. MILLER, LLC



Principal Place of Business

**1520 WYN ST.
JACKSONVILLE, FL 32205**

Mailing Address

**1520 WYN ST.
JACKSONVILLE, FL 32205**



03082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0377976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, LEROY G
1520 WYN ST.
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000477825
04/06/06-80058-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MILLER, LEROY G
1520 WYN ST.
JACKSONVILLE, FL 32205**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Leroy G. Miller*

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

3-17-06

Date

904-388-3242

Daytime Phone #