


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90043 014 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L03000056237</b>              |  |
| 1. Entity Name<br><b>DENNIS MILLER, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>18031 EVENING STAR AVENUE<br/>BROOKSVILLE, FL 34604 US</b> | Mailing Address<br><b>18031 EVENING STAR AVENUE<br/>BROOKSVILLE, FL 34604 US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>17449 SANDLEWOOD AVE</b> | 3. Mailing Address<br><b>17449 SANDLEWOOD AVE</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                               |



01242008 Chg-LLC CR2E083 (12/06)

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>Brooksville FL</b> | City & State<br><b>Brooksville FL</b> |
| Zip<br><b>34604</b>                   | Zip<br><b>34604</b>                   |
| Country<br><b>HERNANDO</b>            | Country<br><b>HERNANDO</b>            |

|   |  |
|---|--|
| 4. FEI Number<br><b>73-1726058</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                               |  |
| <b>MILLER, DENNIS<br/>18031 EVENING STAR AVENUE<br/>BROOKSVILLE, FL 34604</b> |  |

|  |             |
|--|-------------|
| 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 <b>Dennis L Miller</b>  | DATE <b>April 27 2008</b> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MILLER, DENNIS<br/>18031 EVENING STAR AVENUE<br/>BROOKSVILLE, FL 34604</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MILLER, DENNIS<br/>17449 SANDLEWOOD AVE<br/>BROOKSVILLE FL 34604</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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.

|   |                         |                      |                     |
|---|-------------------------|----------------------|---------------------|
| <b>SIGNATURE: Dennis L Miller</b>   | <b>DENNIS L. MILLER</b> | <b>April 27 2008</b> | <b>352-303-9108</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                         | Date                 | Daytime Phone #     |