

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 27 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

L0400005883

1. Limited Liability Company's Name

Miller Miller LLC

2. Principal Office Address - No P.O. Box #

10869 Trumpet Vine Lane
Suite, Apt. #, etc.

3. Mailing Office Address

10869 Trumpet Vine Lane
Suite, Apt. #, etc.
Tallahassee Fla

City & State

Tallahassee Fla

City & State

Tallahassee Fla

Zip

32309 Leon

Country

Leon

Zip

32309 Leon

Country

Leon

4. State/Country of Formation

FLA Leon

5. Date Organized or Qualified To Do Business in Florida

03/27/07

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Miller Miller

Street Address (P.O. Box Number is Not Acceptable)
10869 Trumpet Vine Lane
Suite, Apt. #, Etc.

City Tallahassee Fla

State

FL 32309

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Miller Miller

Date 3/27/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Miller Miller	10869 Trumpet Vine Lane	32309

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REINSTATEMENT 0507



11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Miller Miller

Date 3/27/07

Daytime Phone # 850 893 5110

Typed or printed name of signing Managing Member/Manager

Miller Miller