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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JAN 26 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000024866					
1. Entity Name ROBERT MIER, LLC					
Principal Place of Business 8026 27TH AVENUE NORTH ST. PETERSBURG, FL 33710			Mailing Address 8026 27TH AVENUE NORTH ST. PETERSBURG, FL 33710		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0949256	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTI BROWN, CHLAPOWSKI 6680 GULF BOULEVARD ST. PETE BEACH, FL 33708			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM		☐ Delete		
NAME	MIER, ROBERT				
STREET ADDRESS	8026 27TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG, FL 33710				
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					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
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 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.					
SIGNATURE: <u>Robert Mier</u>			1-4-05 727-3441674		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					