

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028552**

1. Entity Name  
**MILLS CREEK COMPANY, LLC**



Principal Place of Business  
**1123 LAKE LOTELA DRIVE  
AVON PARK, FL 33825**

Mailing Address  
**140 S COMMERCE AVE  
SEBRING, FL 33807**

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**90-0160718**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**INGLIS, JOHN S ESQ.  
C/O SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602**

**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, 2007**

000000539525  
01/25/07-80031-009 50.00

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IN THIS SPACE**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JUVE, JOHN B
STREET ADDRESS	1123 LAKE LOTELA DRIVE
CITY- ST- ZIP	AVON PARK, FL 33825
TITLE	MGRM
NAME	JUVE, DIANE O
STREET ADDRESS	1123 LAKE LOTELA DRIVE
CITY- ST- ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 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:**

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

1/19/07

Date

Daytime Phone #