



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90045 031 ****50.00

DOCUMENT # L04000030051 1. Entity Name MILLER REMODELING, LLC					
Principal Place of Business 231 3RD STREET GENEVA, FL 32732			Mailing Address 231 3RD STREET GENEVA, FL 32732		
2. Principal Place of Business 471 LAKE DR Chuluota, FL Suite, Apt. #, etc.		3. Mailing Address 471 LAKE DR Suite, Apt. #, etc.			
City & State Chuluota, FL Zip 32766 Country Seminole		City & State Chuluota, FL Zip 32766 Country Seminole		4. FEI Number 043990326 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04042005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MILLER, MYRON 231 3RD STREET GENEVA, FL 32732			7. Name and Address of New Registered Agent Name MYRON MILLER Street Address (P.O. Box Number is Not Acceptable) 471 LAKE DR City Chuluota FL Zip Code 32766		
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 <u>Myron Miller</u> Myron Miller 4/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, MYRON 231 3RD STREET GENEVA, FL 32732	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Miller, Myron 471 LAKE DR Chuluota, FL 32766
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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>Myron Miller</u> 4/23/05 (407) 359-1411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					