

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041021

Entity Name: MILLER INSURANCE, LLC

FILED  
Mar 05, 2007  
Secretary of State

**Current Principal Place of Business:**

800 VIRGINIA AVENUE, SUITE 56  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

8595 S. FEDERAL HWY.  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

800 VIRGINIA AVENUE, SUITE 56  
FT. PIERCE, FL 34982

**New Mailing Address:**

8505 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952

FEI Number: 34-1997652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, MICHELLE R  
800 VIRGINIA AVENUE, SUITE 56  
FT. PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

MILLER, MICHELLE R  
8505 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: MICHELLE MILLER

03/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, MICHELLE  
Address: 800 VIRGINIA AVENUE, SUITE 56  
City-St-Zip: FT. PIERCE, FL 34982

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, MICHELLE  
Address: 8505 S. FEDERAL HWY  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE MILLER

MGRM

03/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date