

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041021

Entity Name: MILLER INSURANCE, LLC

FILED
Mar 03, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

8595 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
8505 S. FEDERAL HWY
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MORRIS, GARY
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 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: GARY MORRIS

MGR

03/03/2008

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