

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 029 \*\*\*\*50.00

**DOCUMENT # L04000044720**

1. Entity Name

**MILAM APPLIANCE LLC**



Principal Place of Business

6817 SW 46 AVE  
GAINESVILLE FL 32608  
US

Mailing Address

6817 SW 46 AVE  
GAINESVILLE FL 32608  
US

60001320

2. Principal Place of Business

3344 NW 54 TERR  
Suite, Apt. #, etc.  
GAINESVILLE FL  
City & State

3. Mailing Address

MILAM APPLIANCE LLC  
Suite, Apt. #, etc.  
3344 NW 54 TERR  
City & State  
GAINESVILLE FL



1st MOORE

CR2E083 (10/04)

4. FEI Number

800075280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILAM, ALAN L  
6817 SW 46 AVE  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

MILAM, ALAN L

Street Address (P.O. Box Number is Not Acceptable)

3344 NW 54 TERR

City

GAINESVILLE

FL

Zip Code

32606

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

*Alan Milam*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MILAM, ALAN L  
STREET ADDRESS 6817 SW 46 AVE  
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME MILAM, ALAN L  
STREET ADDRESS 3344 NW 54 TERR  
CITY-ST-ZIP GAINESVILLE FL 32606

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

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:

*Alan Milam*

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

4-24-05

Date

352-870-2926

Daytime Phone #