

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000044720

1. Entity Name

MILAM APPLIANCE LLC



Principal Place of Business

**3344 NW 54TH TERR
GAINESVILLE FL 32608
US**

Mailing Address

**3344 NW 54TH TERR
GAINESVILLE FL 32608
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0075280

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILAM, ALAN L
3344 NW 54TH TERR N
GAINESVILLE FL 32606**

Name

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

City

FL

Zip Code

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 resigning)

DATE

2-02-07

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** ☐ Delete
NAME: **MILAM, ALAN L**
STREET ADDRESS: **3344 NW 54TH TERR**
CITY-STATE-ZIP: **GAINESVILLE FL 32606**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
NAME: **U00000621712**
STREET ADDRESS:
CITY-STATE-ZIP: **02/12/07-80027-025 55.00**

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alan Milam

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

2-02-07

Date

Daytime Phone #