

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051370

Entity Name: MIGUN CENTRAL, L.L.C.

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

1954 DAIRY RD.  
WEST MELBOURNE, FL 32094

**New Principal Place of Business:**

**Current Mailing Address:**

1954 DAIRY RD.  
WEST MELBOURNE, FL 32094

**New Mailing Address:**

FEI Number: 20-1366867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TANNER, JAIME E  
11195 ROSELAND RD.  
APT #4  
SEBASTIAN, FL 32958 US

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

D'ANCONA, LUCIA  
3456 MAZUR DR  
MELBOURNE, FL 32901 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: LUCIA D

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TANNER, JAIME  
Address: 1954 DAIRY RD.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGR ( ) Delete  
Name: D'ANCONA, LUCIA  
Address: 1954 DAIRY RD.  
City-St-Zip: WEST MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: D'ANCONA, LUCIA  
Address: 3456 MAZUR DR  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, DERON  
Address: 1954 DAIRY RD.  
City-St-Zip: WEST MELBOURNE, FL 32904

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: LUCIA D'ANCONA

MGR

04/30/2008

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