

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000056814

1. Entity Name
MILLER SHELTER COVE, LLC



Principal Place of Business

C/O SCOTT C. MILLER
12815 ALADDIN ROAD
JACKSONVILLE, FL 32223

Mailing Address

C/O SCOTT C. MILLER
12815 ALADDIN ROAD
JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SCOTT C
12815 ALADDIN ROAD
JACKSONVILLE, FL 32223

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

U00000500505
04/25/06-80024-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MILLER, SCOTT C
12815 ALADDIN ROAD
JACKSONVILLE, FL 32223

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

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

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

4-6-06 (904) 268-1839
Date Anytime Phone #