

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90025 048 \*\*\*\*50.00

**60041903**



04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
54-2159371

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L04000056890**

1. Entity Name  
MILLER & AYERS INVESTMENTS, LLC



Principal Place of Business  
555 W. GRANADA BLVD.  
SUITE 4B  
DAYTONA BEACH, FL 32174

Mailing Address  
555 W. GRANADA BLVD.  
SUITE 4B  
DAYTONA BEACH, FL 32174

2. Principal Place of Business - No P.O. Box #  
444 SEABREEZE BLVD.  
Suite, Apt. #, etc.  
1002  
City & State  
DAYTONA BEACH, FL  
Zip  
32118  
Country  
USA

3. Mailing Address  
444 SEABREEZE BLVD.  
Suite, Apt. #, etc.  
1002  
City & State  
DAYTONA BEACH, FL  
Zip  
32118  
Country  
USA

6. Name and Address of Current Registered Agent  
PALMETTO CHARTER SERVICES  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent  
Name  
SANFORD MILLER  
Street Address (P.O. Box Number is Not Acceptable)  
444 SEABREEZE BLVD., #1002  
City  
DAYTONA BEACH FL Zip Code  
32118

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 SANFORD MILLER DATE 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, SANFORD 555 W. GRANADA BLVD. - SUITE 4B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	444 SEABREEZE BLVD., #1002 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SANFORD MILLER 4/23/07 386-238-7035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #