

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-04-2005 90101 037 ****50.00

DOCUMENT # L04000060868					
1. Entity Name MIEL I, LLC					
Principal Place of Business 2650 SCRUBPENS RD SEBRING FL 33870			Mailing Address 2650 SCRUBPENS RD SEBRING FL 33870		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1504896	
Zip		Country		Zip	
City		State		Zip	
6. Name and Address of Current Registered Agent ARNETTE CREELY DUNCANSON & SHEINFELD, LLP 1948 HARRISON STREET HOLLYWOOD FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JARAMILLO, BRUNO 2650 SCRUBPENS RD SEBRING FL 33870	☐ Delete			
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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: <u>Bruno Jaramillo</u> <u>1/31/05</u> <u>(863) 655-0046</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					