

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90195 002 ****50.00

DOCUMENT # L05000006625

1. Entity Name
DONALD S. MILES, LLC



Principal Place of Business

10371 SW 74 CRT
OCALA, FL 34476

Mailing Address

10371 SW 74 CRT
OCALA, FL 34476

60012949



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

7667 S.W. 136 TERRACE

3. Mailing Address

7667 S.W. 136 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State

DUNNELLON FLORIDA

City & State

DUNNELLON FLORIDA

4. FEI Number

20-2201581

Applied For

Not Applicable

Zip

3443Y

Country

USA

Zip

3443Y

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, DONALD S
10371 SW 74 CRT
OCALA, FL 34476

7. Name and Address of New Registered Agent

Name DONALD S. MILES

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

7667 S.W. 136 TERRACE

City DUNNELLON

FL

Zip Code

3443Y

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 DONALD S. MILES MGR.

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

(NOTE: Registered Agent signature required when reappointing)

1/31/07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MILES, DONALD S
STREET ADDRESS 10371 SW 74 CRT
CITY-ST-ZIP Ocala, FL 34476

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME DONALD S. MILES
STREET ADDRESS 7667 S.W. 136 TERRACE
CITY-ST-ZIP DUNNELLON, FLORIDA 3443Y

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #