

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000014412

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** MILLARES ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

500 S DIXIE HWY  
201  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

500 S DIXIE HWY  
201  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-2463905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION COMPANY OF MIAMI  
C/O RJS 201 S. BISCAYNE BLVD.  
1500  
MIAMI, FL 33131 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MILLARES, RUBEN  
**Address:** 824 SEVILLA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGR  
**Name:** MILLARES, MARIA  
**Address:** 500 S DIXIE HWY STE 201  
**City-St-Zip:** CORAL GABLES, FL 33146

I hereby 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:** RUBEN MILLARES

MGR

01/05/2010

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