2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN Secretary of State DOCUMENT # L05000019154 1. Entity Name MILAN, LLC Mailing Address Principal Place of Business 3850 OTTAWA LANE COPPER CITY FL 33026 3850 OTTAWA LANE COPPER CITY FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 20-2512150 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Cortificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 2400 EAST COMMERCIAL BLVD., SUITE 820 FT. LAUDERDALE FL 33308 Zip Code F 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. INOTE Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and little it applicable DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. HIEF THEE ☐ Delete Chance ☐ Addition **MGRM** MARK ARDELEAN, JOHN MARK STREET ADDRESS 3850 OTTAWA LANE STREET ANDRESS U00000603617 CITY-ST-ZIP CHY-ST-ZIP COPPER CITY FL 33026 50.00 Change ☐ Addition ☐ Delete 8813 NAME NAMI ARDELEAN, RADOICA STREET ADDRESS SIREFT ADDRESS 3850 OTTAWA LANE CHY ST ZIP CITY ST ZIP COPPER CITY FL 33026 ☐ Delete Ш ☐ Change Addition TITLE NAME MAAS STREET ADDRESS STREET ADDRESS CHY SI /IP CHY ST 7P Change ☐ Addition IIII ☐ Dclete NAME NAME SINCE LADDRESS STREET ADDRESS CHY ST ZIP CITY ST /IP ☐ Defete 11111 Change ■ Addition IIII NAM NAME STREET ADDRESS SIBLETADOLESS CITY ST 7IP CHY SL 782 Change Addition ☐ Delete HHE TITLE NAME NAME SIRELLADORESS STREET ADDRESS CITY-ST ZIP CATY-ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mu Clean JOHN ARDECEAN 1-18-07 (959)663-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despire Phone is