

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2006 8:00 am
Secretary of State

08-17-2006 90044 048 ****50.00

DOCUMENT # L05000062553					
1. Entity Name MILLIE'S MENAGERIE LLC					
Principal Place of Business 3012 PINNACLE COURT CLERMONT, FL 34711 US			Mailing Address 3012 PINNACLE COURT CLERMONT, FL 34711 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5428370	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OGAN, MILLIE 3012 PINNACLE COURT CLERMONT, FL 34711				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 <i>Mildred May Ogan</i>				DATE 8-12-06	
Filing Fee is \$50.00 Due by September 8, 2006				Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS				D. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Owner MGRM Mildred May Ogan 3012 Pinnacle Ct Clermont, FL 34711</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Mildred May Ogan</i>				DATE 8-12-06 32-536-9468	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	