

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086426

Entity Name: 526, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

526 HIGHWAY 17-92  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

588 ORANGE DR.  
APT. #132  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 20-3392828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, STEPHANIE  
588 ORANGE DR.  
APT. #132  
ALTAMONTE SPRINGS, FL 32701 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: MGRM ( ) Delete  
Name: MILLER, STEPHANIE  
Address: 588 ORANGE DR., APT. #132  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete  
Name: MILLER, FRANK M  
Address: 2995 MILLER AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM ( ) Delete  
Name: MILLER, EDWARD  
Address: 965 COURTLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANK M. MILLER

MGRN

04/15/2009

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