

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90038 005 \*\*\*138.75

**DOCUMENT # L05000112800**

1. Entity Name  
**MILAM DAIRY GROUP, LLC**



Principal Place of Business  
**95 MERRICK WAY  
SUITE 250  
CORAL GABLES, FL 33134**

Mailing Address  
**95 MERRICK WAY  
SUITE 250  
CORAL GABLES, FL 33134**

**60037672**



**DO NOT WRITE IN THIS SPACE**

04172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-3856216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LLORENTE, IVAN R  
95 MERRICK WAY  
SUITE 250  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MILAM DAIRY INVESTMENTS CORPORATION  
~~95 MERRICK WAY SUITE 250~~ 25307 BUNKER DRIVE  
~~CORAL GABLES, FL 33134~~ SAN ANTONIO, TX  
78260**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

14-25-08/2104952900