

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047038

Entity Name: MILLENIA FINANCIAL GROUP, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

163 SW MIDTOWN PLACE
105
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

PO BOX 1479
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 20-4951253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, JACOB D SR.
163 SW MIDTOWN PLACE
105
LAKE CITY, FL 32025 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 () Delete
Name: SPARKS, JACOB D SR.
Address: 163 SW MIDTOWN PLACE
City-St-Zip: LAKE CITY, FL 32025

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: SPARKS, JACOB D SR.
Address: 163 SW MIDTOWN PLACE SUITE 105
City-St-Zip: LAKE CITY, FL 32025

Title: MGMR () Change (X) Addition
Name: MORRIS, JEREMY R
Address: 163 SW MIDTOWN PLACE SUITE 105
City-St-Zip: LAKE CITY, FL 32025

Title: MGMR () Change (X) Addition
Name: BUTLER, MONICA M
Address: 163 SW MIDTOWN PLACE SUITE 105
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: JACOB SPARKS

MGMR

01/03/2007

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