

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057028

FILED  
Jul 19, 2007  
Secretary of State

**Entity Name:** MILLER CONSULTING GROUP, LLC

**Current Principal Place of Business:**

605 NE 10TH BLVD  
WILLISTON, FL 32696 US

**New Principal Place of Business:**

621 EASTWOOD LN  
LEESBURG, FL 34748 US

**Current Mailing Address:**

605 NE 10TH BLVD  
WILLISTON, FL 32696 US

**New Mailing Address:**

102 FAIRFAX CT  
CENTERVILLE, GA 31028 US

FEI Number: 20-4990778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MILLER, SANDRA I  
605 NE 10TH BLVD.  
WILLISTON, FL 32696 US

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

MILLER, SANDRA I  
621 EASTWOOD LN  
LEESBURG, FL 34748 US

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:

07/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, SANDRA I  
Address: 605 NE 10TH BLVD  
City-St-Zip: WILLISTON, FL 32696 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, SANDRA I  
Address: 621 EASTWOOD LN  
City-St-Zip: LEESBURG, FL 34748 US

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: SANDRA MILLER

MGRM

07/19/2007

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