

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90036 017 ***138.75

DOCUMENT # L06000078609

1. Entity Name
MIRA, LLC



Principal Place of Business

12058 SAN JOSE BLVD
SUITE 804
JACKSONVILLE, FL 32223

Mailing Address

12058 SAN JOSE BLVD
SUITE 804
JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE



03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5350309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE & FALLAR, P.A.
8777 SAN JOSE BLVD.
BUILDING A, SUITE 200
JACKSONVILLE, FL 32217

**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 | MGRM BRANIFF, MICHEL L 12058 SAN JOSE BLVD., SUITE 804 JACKSONVILLE, FL 32223 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CRABTREE & FALLAR, P.A. 8777 SAN JOSE BLVD, BLDG A, SUITE 200 JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 #