


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90097 006 ****55.00

DOCUMENT # L06000111957	
1. Entity Name MIRACLES NOW, LLC	

Principal Place of Business 36 SE ELM AVENUE FORT WALTON BEACH FL 32548	Mailing Address 36 SE ELM AVENUE FORT WALTON BEACH FL 32548
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2. Principal Place of Business - No P.O. Box # 36 SE Elm Avenue	3. Mailing Address 36 SE Elm Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State Fort Walton Beach FL	City & State Fort Walton Beach FL
Zip 32548	Zip 32548
Country USA	Country USA

4. FEI Number 20-5920942	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PERRI, DANIEL C 4 ELEVENTH AVENUE, STE. ONE SHALIMAR FL 32579	7. Name and Address of New Registered Agent Name Sue Ellen Lefton-Dickinson Street Address (P.O. Box Number is Not Acceptable) 36 SE Elm Avenue City Fort Walton Beach FL Zip Code 32548
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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: Sue Ellen Lefton-Dickinson Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEFTON-DICKINSON, SUE ELLEN 36 SE ELM AVENUE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
Sue Ellen Lefton-Dickinson SIGNATURE: Sue Ellen Lefton-Dickinson August 14, 2007 850-302-0170 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #