2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000111957

1. Entity Name

MIRACLES NOW, LLC

Principal Place of Business	Mailing Address
36 SE ELM AVENUE FORT WALTON BEACH FL 32548	36 SE ELM AVENUE FORT WALTON BEACH FL 32548

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36 SE Elm Avenue	36 SE Elm Avenue
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32548 Country: Okaloosa	Zip: 32548 Country: Okaloosa

4. FEI Number 20-5920942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFTON-DICKINSON, SUE ELLEN
36 SE ELM AVE
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 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
Make Check Payable to Florida Department of State

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000818530 02/15/08-80047-009 143.75	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sue Ellen Lefton-Dickinson 2/3/08 (850)-302-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #