

L07000026570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000094193000

03/29/07--01036--012 \*\*55.00

FILED

07 MAR 29 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/29/07 MAR 30 2007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MCMILLEN ENTERPRISES LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID MCMILLEN

(Name of Person)

MCMILLEN ENTERPRISES LLC

(Firm/Company)

#8 PRAIRIEVIEW LANE

(Address)

ORMOND BEACH, FL. 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID MCMILLEN

(Name of Person)

at (386) 677-2411

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

VOID  
*[Signature]*

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

McMILLEN Enterprises LLC

**SECOND:** The articles of organization or the application to transact business # L07000026570

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

INCORRECT STATEMENT IS McMILLEN, JULIE A. AS MGR.

I would like to list only one, being DAVID McMILLEN as MGR

I AM REQUESTING TO REMOVE JULIE McMILLEN BECAUSE I MIS-UNDERSTOOD INSTRUCTIONS

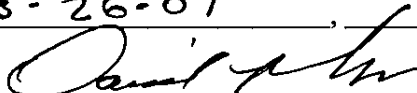
Thank you

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED  
07 MAR 29 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: 03-26-07



Signature of a member or authorized representative of a member

DAVID McMILLEN

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000026570  
FILED 8:00 AM  
March 12, 2007  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
MCMILLEN ENTERPRISES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
# 8 PRAIRIEVIEW LANE  
ORMOND BEACH, FL. 32174

The mailing address of the Limited Liability Company is:  
# 8 PRAIRIEVIEW LANE  
ORMOND BEACH, FL. 32174

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
DAVID L MCMILLEN  
# 8 PRAIRIEVIEW LANE  
ORMOND BEACH, FL. 32174

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DAVID MCMILLEN

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
DAVID L MCMILLEN  
# 8 PRAIRIEVIEW LANE  
ORMOND BEACH, FL. 32174 US

Title: MGR  
JULIE A MCMILLEN  
# 8 PRAIRIEVIEW LANE  
ORMOND BEACH, FL. 32174 US

Signature of member or an authorized representative of a member

Signature: DAVID MCMILLEN

L07000026570  
FILED 8:00 AM  
March 12, 2007  
Sec. Of State  
jbryan