

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000076304

Entity Name: FIVEASH-MILLER, LLC

**FILED**  
**Dec 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

616 ORBY STREET  
PENSACOLA, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

616 ORBY ST;  
PENSACOLA, FL 32534 US

**New Mailing Address:**

FEI Number: 59-3583435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIVEASH, JAMES B  
616 ORBY ST  
PENSACOLA, FL 32534 US

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

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: JAMES B FIVEASH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLER, ROY W  
Address: 3331 EAST KINGSFIELD ROAD  
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM  
Name: MILLER, PATRICIA G  
Address: 3331 EAST KINGSFIELD ROAD  
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM  
Name: FIVEASH, JAMES B  
Address: 616 ORBY STREET  
City-St-Zip: PENSACOLA, FL 32534 US

Title: MGRM  
Name: FIVEASH, SARA G  
Address: 616 ORBY STREET  
City-St-Zip: PENSACOLA, FL 32534 US

I hereby 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: JAMES B FIVEASH

MGRM

12/16/2012

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