

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2008 8:00 am
Secretary of State

04-18-2008 90152 014 ***150.00

DOCUMENT # <u>L07000091431</u>	
1. Entity Name	
MILANI CONSTRUCTION LLC.	

DO NOT WRITE IN THIS SPACE

30008060

2. Principal Place of Business 1439 BURNING TREE RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL.		City & State	
Zip 34689	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1538012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name AGIM RRANZA	
Street Address (P.O. Box Number is Not Acceptable) 1439 BURNING TREE RD	
City TARPON SPRINGS	FL
Zip Code 34689	

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 Agim Rranza PRESIDENT 4/15/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AGIM RRANZA 1439 BURNING TREE RD TARPON SPRINGS, FL. 34689
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Agim Rranza PRESIDENT 4/15/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #