

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-06-2008 90006 021 ***138.75

DOCUMENT # L07000093597 1. Entity Name THREE D MILLER, LLC					
Principal Place of Business 9380 ULMERTON ROAD CLEARWATER, FL 33771			Mailing Address 9380 ULMERTON ROAD CLEARWATER, FL 33771		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 3311			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Seminole FL		4. FEI Number 26-0894691	
Zip		Zip 33775		Country USA	
6. Name and Address of Current Registered Agent SADORF, RICK W 1744 N. BELCHER ROAD, SUITE 150 CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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 MILLER, DAWN M 9380 ULMERTON ROAD CLEARWATER, FL 33771		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 3311 SEMINOLE FL 33775	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/16/08 707-576-0599 <small>Daytime Phone #</small>		