

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100549

Entity Name: MILLAN ENTERPRISE, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

2518 PARSONS POND CIRCLE
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

2518 PARSONS POND CIRCLE
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 26-1170468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLAN, WESLEY R
2518 PARSONS POND CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

MILLAN, TIMOTHY B
2518 PARSONS POND CIRCLE
KISSIMMEE, FL 34743 US

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: TIMOTHY B MILLAN

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLAN, TIMOTHY B
Address: 2518 PARSONS POND CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM () Delete
Name: MILLAN, WESLEY R
Address: 2518 PARSONS POND CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: VINCENTY, ZULAY
Address: 13002 CALABAY CT
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY B MILLAN

MGMR

04/27/2008

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