

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022974

Entity Name: MILLER TROPHIES EXPRESS LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

99 NW 183 STREET
241
MIAMI, FL 33169

New Principal Place of Business:

99 NW 183 STREET
116
MIAMI, FL 33169

Current Mailing Address:

99 NW 183 STREET
241
MIAMI, FL 33169

New Mailing Address:

99 NW 183 STREET
116
MIAMI, FL 33169

FEI Number: 26-2093223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, TIMOTHY
99 NW 183 STREET
241 C
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

MILLER, TIMOTHY
99 NW 183 STREET
116
MIAMI, FL 33169 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 L. MILLER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLER, TIMOTHY
Address: 99 NW 183 STREET
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Delete
Name: MILLER, MARTINE
Address: 17741 NW 14 PL
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, TIMOTHY
Address: 99 NW 183 STREET - SUITE 116
City-St-Zip: MIAMI, FL 33169

Title: MGRM (X) Change () Addition
Name: MILLER, MARTINE
Address: 99 NW 183RD STREET - SUITE 116
City-St-Zip: MIAMI, FL 33169

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: MARTINE MILLER

MGRM

04/29/2009

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