

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000056179

**FILED**  
**Nov 22, 2010**  
**Secretary of State**

**Entity Name:** RICHARD AND PHOEBE MILES, LLC

**Current Principal Place of Business:**

3909 HARRISON ST. NW  
WASHINGTON, DC 20015

**New Principal Place of Business:**

**Current Mailing Address:**

3909 HARRISON ST. NW  
WASHINGTON, DC 20015

**New Mailing Address:**

**FEI Number:** 26-3436078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOVAY, JACK  
901 NW 57TH STREET  
GAINESVILLE, FL 32605 US

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

CADE, MARY  
529 NW 58TH ST.  
GAINESVILLE, FL 32607 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: MARY CADE

11/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILES, RICHARD  
Address: 3909 HARRISON ST. NW  
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM  
Name: MILES, PHOEBE  
Address: 3909 HARRISON ST. NW  
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM  
Name: CADE, MARY  
Address: 529 NW 58TH ST.  
City-St-Zip: GAINESVILLE, FL 32607

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: RICHARD MILES

MGRM

11/22/2010

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