

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057130

FILED
Apr 30, 2009
Secretary of State

Entity Name: MILLER WILLIS LLC

Current Principal Place of Business:

423 SW 34TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

1416 LAFAYETTE ST.
#3
CAPE CORAL, FL 33904

Current Mailing Address:

423 SW 34TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

1416 LAFAYETTE ST.
#3
CAPE CORAL, FL 33904

FEI Number: 26-2805370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, JASON S
423 SW 34TH TERRACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLER, JESSE M
Address: 412 NW 38TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR () Delete
Name: WILLIS, JASON S
Address: 423 SW 34TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MILLER, JESSE M
Address: 412 NW 38TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: VP (X) Change () Addition
Name: WILLIS, JASON S
Address: 423 SW 34TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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: JESSE MILLER

P

04/30/2009

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