

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L98000000256

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF MILLER & WU, P.L.

**Current Principal Place of Business:**

309 N.E. 1ST STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

309 N.E. 1ST STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

309 NORTHEAST FIRST STREET  
GAINESVILLE, FL 326015310

**FEI Number:** 59-3509446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MILLER, STEPHEN K ESQ.  
309 N.E. 1ST STREET  
GAINESVILLE, FL 32601      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:** STEPHEN MILLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** MILLER, STEPHEN K ESQ.  
**Address:** 309 N.E. 1ST STREET  
**City-St-Zip:** GAINESVILLE, FL 32601

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** STEPHEN MILLER

MGR

11/15/2005

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