

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000005866

1. Entity Name
THE MULLER GROUP, L.C.



Principal Place of Business
**3300 SW 14TH PLACE UNIT 3
BOYNTON BEACH, FL 33426-9034**

Mailing Address
**3300 SW 14TH PLACE UNIT 3
BOYNTON BEACH, FL 33426-9034**



DO NOT WRITE IN THIS SPACE

02252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0954208

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHONE, LARRY T
72 NE 5TH AVE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MULLER, RALPH P
3300 SW 14TH PLACE UNIT 3
BOYNTON BEACH, FL 334269034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MULLER, KEVIN
3300 SW 14TH PLACE UNIT 3
BOYNTON BEACH, FL 334269034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000307593
04/15/05-80060-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-05

561-364-2701