

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-26-2004 90135 001 ****50.00

DOCUMENT # M02000000348

1. Entity Name

**MCMILLAN WINGATE ANTIQUES AND INTERIORS,
L.L.C.**



Principal Place of Business

**206 BELLEVILLE AVE., PO. BOX 913
BREWTON AL 36426**

Mailing Address

**206 BELLEVILLE AVE., PO. BOX 913
BREWTON AL 36426**

0400J0J3



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

63-1253403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WIGGINS MARTIN, DAPHNE
35008 EMERALD COAST PARKWAY, SUITE 202
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Perri R Mcmillan

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21-04

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete
NAME: **MCMILLAN, PERRI R**
STREET ADDRESS: **206 BELLEVILLE AVE., PO. BOX 913**
CITY-ST-ZIP: **BREWTON AL 36426**

TITLE: **MGRM** ☐ Delete
NAME: **MCMILLAN, CANDY**
STREET ADDRESS: **P.O. BOX 1246**
CITY-ST-ZIP: **BREWTON AL 36427**

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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:

Perri R Mcmillan

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

Date

Daytime Phone #

7-21-04 221 867 3226