## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M08000003424

Entity Name: MILTON & MYERS, LLC

**FILED** Apr 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2054 GEORGE KNOX RD. 3728 BRIAR CLIFF TRACE PLEASANT VIEW, TN 37146 OWENSBORO, KY 42303

**Current Mailing Address: New Mailing Address:** 

3728 BRIAR CLIFF TRACE 2054 GEORGE KNOX RD. PLEASANT VIEW, TN 37146 OWENSBORO, KY 42303

FEI Number: 26-2517876 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

() Delete (X) Change ( ) Addition

BURCHAM, BARRY M BUSKILL, DALE M Name: Name: Address: 2054 GEORGE KNOX RD. Address: 3728 BRIAR CLIFF TRACE City-St-Zip: PLEASANT VIEW, TN 37146 City-St-Zip: OWENSBORO, KY 42303

Title: MGR () Delete Title: () Change () Addition

Name: BUSKILL, M. DALE Name: Address: 3728 BRIARCLIFF TRACE Address: City-St-Zip: OWENSBORO, KY 42303 City-St-Zip:

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: M. DALE BUSKILL 04/19/2009