

M14000002727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 23 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miller Franchise Group LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Miller

Name of Person

Attorney

Firm/Company

820 W. Jackson Blvd; Suite 650

Address

Chicago, IL 60607

City/State and Zip Code

jmillier@accessoneinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Miller

at ( 312 )

441-9906

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

INHS18 (2/14)