

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116818

Entity Name: MILE GULLY ENTERPRISES, LLC**Current Principal Place of Business:**720 LUCERNE AVE
01
LAKE WORTH, FL 33460**Current Mailing Address:**PO BOX 1
LAKE WORTH, FL 33460 US**FEI Number:** 27-3919761**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNIGHT, ARCHIE
720 LUCERNE AVE
01
LAKE WORTH, FL 33460 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	KNIGHT, ARCHIE L
Address	720 LUCERNE AVE 01
City-State-Zip:	LAKE WORTH FL 33460
Title	MGRM
Name	HENRY, DANA
Address	720 LUCERNE AVE 01
City-State-Zip:	LAKE WORTH FL 33460
Title	MGRM
Name	KNIGHT, MERRITH
Address	172 EVERGREEN DRIVE
City-State-Zip:	WESTBURY NY 11590

Title	MGRM
Name	KNIGHT, KAYON
Address	5725 FERNLEY DRIVE EAST 22
City-State-Zip:	WEST PALM BEACH FL 33415
Title	MGRM
Name	BENT, HERMAN
Address	4320 NW 110 AVE
City-State-Zip:	CORAL SPRING FL 33065

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARCHIE KNIGHT**MANAGER****03/31/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date