

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000185882

**Entity Name:** MILLS AND COMPANY LLC

**Current Principal Place of Business:**

47 BAILEY LOOP  
QUINCY, FL 32352

**Current Mailing Address:**

PO BOX 486  
QUINCY, FL 32353 US

**FEI Number:** 84-2877248

**Certificate of Status Desired:** No

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

MILLS, DAVON  
47 BAILEY LOOP  
QUINCY, FL 32352 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            AMBR  
Name            MILLS, DAVON  
Address        P.O BOX 486  
City-State-Zip: QUINCY FL 32352

Title            AMBR  
Name            MILLS, GENESSIS  
Address        P.O. BOX 486  
City-State-Zip: QUINCY FL 32352

*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:** DAVON MILLS

**OWNER**

**04/25/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date