Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

**2026 ANNUAL REPORT**
**Registry Number: 30663082**
**Date of Organization: 07/30/1992**
**Fee: $100**
**Due Date: 07/30/2026**
**Type:** DOMESTIC LIMITED LIABILITY COMPANY

MILLAND PROPERTIES, LLC
PO BOX 989
EUGENE OR 97440

**FILED: AUG 7, 2026**
**OREGON SECRETARY OF STATE**
30663082-32228334
**MILLAND PROPERTIES, LLC** **RENANA**

**Name of Domestic Limited Liability Company**
MILLAND PROPERTIES, LLC
**Jurisdiction:** OREGON

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**
MARK L GIUSTINA
1991 W 2ND AVE
EUGENE OR 97402

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

**1) Type of Business** Real Property Management

**2) Principal Place of Business** (Address,city,state,zip)
1991 W 2ND AVE
EUGENE OR 97402

**3) Mailing Address** (Address,city,state,zip)
PO BOX 989
EUGENE OR 97440

**4)** ☐ **Member or** ☑ **Manager**(Name&Address)
MARK L GIUSTINA
PO BOX 989
EUGENE OR 97440

**5)** ☐ **Member or** ☑ **Manager** (Name&Address)
L M GIUSTINA
PO BOX 989
EUGENE OR 97440

**Execution:**
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature** Mark L Giustina **7) Printed Name** Mark L. Giustina

**8) Date** 7/22/2026 **9) Phone Number** (541) 345-2301

**Make check payable to "Corporation Division" and mail to the address above.**
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
06/24/26