

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000014316

**Entity Name:** MB5 REAL ESTATE, LLC**Current Principal Place of Business:**40528 US 19 N.  
TARPON SPRINGS, FL 34689**Current Mailing Address:**40528 US 19 N.  
TARPON SPRINGS, FL 34689**FEI Number:** 59-3739676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATTER, THOMAS M  
40528 US 19 N  
TARPON SPRINGS, FL 34689 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 MATTER, THOMAS M  
Address 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

Title MGRM  
Name MATTER, JOHN  
Address 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

Title MGRM  
Name MATTER, STEWART II  
Address 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

Title MGRM  
Name MATTER, GARY  
Address 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

Title MGRM  
Name MATTER, DAVID  
Address 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

*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:** THOMAS MATTER**MEMBER****02/02/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date