

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130195

**Entity Name:** MUTUAL INTEREST LLC

**Current Principal Place of Business:**

1222 N CASS ST.  
102  
MILWAUKEE, WI 53202

**Current Mailing Address:**

1222 N CASS ST.  
102  
MILWAUKEE, WI 53202 US

**FEI Number:** 46-1173945

**Certificate of Status Desired:** No

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

HIBLER, DAVID C  
1120 E. TWIGGS ST.  
554  
TAMPA, FL 33602 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                        | Title           | MGR                    |
| Name            | GALGANSKI, TYLER J          | Name            | HIBLER, DAVID C        |
| Address         | 1626 N PROSPECT AVE<br>1405 | Address         | 1222 N CASS ST.<br>102 |
| City-State-Zip: | MILWAUKEE WI 53202          | City-State-Zip: | MILWAUKEE WI 53202     |
|                 |                             |                 |                        |
| Title           | MGRM                        |                 |                        |
| Name            | PETERSON, MIKE              |                 |                        |
| Address         | 1136 MICHIGAN AVENUE        |                 |                        |
| City-State-Zip: | ANN ARBOR MI 48104          |                 |                        |

*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:** DAVID C HIBLER

MGR

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date