

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000155161

Entity Name: MPSAPOURN LLC

Current Principal Place of Business:

6004 MORGANSHIRE DRIVE
SUMMERFIELD, NC 27358

Current Mailing Address:

6004 MORGANSHIRE DRIVE
SUMMERFIELD, NC 27358 US

FEI Number: 46-1590138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLAS, ELAINE S
12322 CASSOWARY LANE
SPRING HILL, FL 34610 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 MGR
Name SMITH, VASSILIA S
Address 6004 MORGANSHIRE DRIVE
City-State-Zip: SUMMERFIELD NC 27358

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: VASSILIA SMITH

MANAGER

01/11/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date