

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000128613

**Entity Name:** MV KINGFISHER, LLC

**Current Principal Place of Business:**

21011 NE 21ST CT.  
MIAMI, FL 33179

**Current Mailing Address:**

21011 NE 21ST CT.  
MIAMI, FL 33179

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LECOMPTE, KIMBERLY S  
21011 NE 21ST. CT.  
MIAMI, FL 33179 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	Title	MGR
Name	LECOMPTE, KIMBERLY S	Name	LECOMPTE, GRANVILLE A
Address	21011 NE 21ST CT.	Address	21011 NE 21ST CT.
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

*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:** KIMBERLY LECOMPTE

**MANAGER**

**03/05/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date