

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011950

1. Entity Name
MHI HOLDING COMPANY, LLC



Principal Place of Business
6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940

Mailing Address
6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUESCHER, KEITH
6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KUSH, ROBERT M
6950 N. WICKHAM ROAD, SUITE 501
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUESCHER, KEITH
6905 N. WICKHAM ROAD, SUITE 501
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUESCHER, JAMES
6905 N. WICKHAM ROAD, SUITE 501
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CORRADI, STEVE
6905 N. WICKHAM ROAD, SUITE 501
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCGILLEM, RANDY
6905 N. WICKHAM ROAD, SUITE 501
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GIRARD, SUSAN
6905 N. WICKHAM RD., SUITE 401
MELBOURNE, FL 32940

U000000957062
08/04/08-80007-018 538.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____