

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009590

Entity Name: M TAMPA, L.L.C.

FILED
Aug 01, 2009
Secretary of State

Current Principal Place of Business:

14824 N FLORIDA AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14824 N FLORIDA AVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 02-0624875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY, FL 33525 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOBLEY, TIMOTHY F
Address: 14824 N FLORIDA
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: HOHL, TIMOTHY M
Address: 14824 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: GOODMAN, JAMIE
Address: 14824 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TIMOTHY F MOBLEY

MGRM

08/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date