2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State
05-15-2002 90137 045 ****50.00

97642

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000013851

1. Entity Name
MG ENTERPRISES, LLC

Principal Place of Business	Mailing Address
3700 FT. DENAUD RD. LABELLE FL 33935	3700 FT. DENAUD RD. LABELLE FL 33935

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 448 Suite, Apt. #, etc.	
City & State		City & State: LaBelle FL	
Zip	Country	Zip: 33975	Country: Hendry

4. FEI Number: 65-1132074 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEDDES, MARGIE
3700 FT. DENAUD RD.
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Margie Geddes 3700 Ft. Denaud Rd. LaBelle, FL 33935	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Wesley Hansen 8730 CR 78A LaBelle FL 33935	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] SIGNATURE REQUIRED — 7/16/02 — (863) 675-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Wesley Hansen

5/15/2002-90137-045-$50.00-$50.00

5/1

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013851

1. Entity Name

MG ENTERPRISES, LLC

Attachment 97642 [redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 448 Suite, Apt. #, etc.
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Zip / Country	Zip: 33975 / Country: Hendry

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3700 FT. DENAUD RD.
LABELLE FL 33935

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Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Margie Geddes 3700 Ft. Denaud Rd. LaBelle FL 33935	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Wesley Hansen 2730 CR 78 A LaBelle FL 33935	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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SIGNATURE: [redacted] SIGNATURE REQUIRED

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

Wesley Hansen

4/20/02 (863) 675-0522

Date / Daytime Phone #