

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000912

Entity Name: MVA GROUP, LLC

FILED
Mar 24, 2011
Secretary of State

Current Principal Place of Business:

1409 KINGSLEY AVE., BLDG. 2
BLDG. 2
ORANGE PARK, FL 32073

New Principal Place of Business:

1409 KINGSLEY AVE.
BLDG. 2
ORANGE PARK, FL 32073

Current Mailing Address:

1409 KINGSLEY AVE., BLDG. 2
ORANGE PARK, FL 32073

New Mailing Address:

P O BOX 2426
ORANGE PARK, FL 32067

FEI Number: 82-0539410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUYRES, DAVID
2412 STOCKTON DRIVE
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

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: PS
Name: VANWINKEL, ROBERT
Address: 13765 HARBOR CREEK PLACE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP
Name: MUYRES, DAVID
Address: 2412 STOCKTON DR.
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: VP
Name: CAMERLENGO, JOSEPH
Address: 644 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP
Name: BROCKWELL, HEATH
Address: 644 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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: DAVID MUYRES

VP

03/24/2011

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