

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000912

Entity Name: MVA GROUP, LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2426  
ORANGE PARK, FL 32067

**New Mailing Address:**

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: PATEL, VIPUL  
Address: 6947 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL 32227 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

04/16/2012

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