

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # L02000001118

1. Entity Name
MBR, L.L.C.



Principal Place of Business

**455 & 485 DOUGLAS RD
OLDSMAR, FL 34677**

Mailing Address

**705 RICHARDS AVE
CLEARWATER, FL 33755**



03022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3000686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLAVNEY, MARTIN A
705 RICHARDS AVE.
CLEARWATER, FL 33755**

**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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SLAVNEY, MARTIN A
705 RICHARDS AVE
CLEARWATER, FL 33755**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BANDES, ROBERT
1368 SPAULDING RD, SUITE C
DUNEDIN, FL 346985039**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000854076
03/26/08-80094-011 138.75

**DO NOT WRITE
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 #

MARTIN A. SLAVNEY

3-6-08

727-418-5895