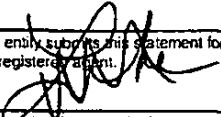
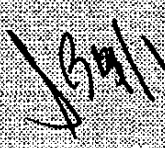


03-24-2005 90200 050 ****50.00
L02000003305

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000003305		
1. Entity Name MNL-LLC MEL-LLC		
Principal Place of Business 4442 ARNOLD AVENUE NAPLES, FL 34104		Mailing Address 4442 ARNOLD AVENUE NAPLES, FL 34104
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NELSON, MEL 4442 ARNOLD AVENUE NAPLES, FL 34104		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 the fee applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE 
TITLE	MGR	
NAME	NELSON, MEL	
STREET ADDRESS	4442 ARNOLD AVENUE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date 3/12/05 Daytime Phone #

FILED

05 MAR 24 AM 8: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20024351



01282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3727154

Applied For
Not Applicable

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

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