

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90006 025 ****50.00

DOCUMENT # L02000012850

1. Entity Name
MRIK, L.L.C.



Principal Place of Business

**4508 OAK FAIR BLVD., SUITE 270
TAMPA FL 33610**

Mailing Address

**4508 OAK FAIR BLVD., SUITE 270
TAMPA FL 33610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0469813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SCOTT WELLS, WILLIAM
4508 OAK FAIR BLVD., SUITE 270
TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name
Keith Napier

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

3033 Wister Cr.

City
Valrico

FL

Zip Code
33594

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 **Keith Napier**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-25-2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MGI HOLDINGS, LLC
4508 OAK FAIR BLVD., SUITE 270
TAMPA FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Larry Jones, President
3901 Halloak Ct.
Valrico, FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Clarissa Thompson
Vice President
2204 Margaret Elaine Ave.
Seffner, FL 33584** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tom Brown, Treasurer
8502 E. Chapman Ave.
Suite 318
Orange, CA 92869** ☐ 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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☐ Change ☐ Addition

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

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: **Larry Jones, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/25/03 (813) 740-9363

Date

Daytime Phone #

CR2E083 (10/02)