

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90260 003 ***138.75

DOCUMENT # L02000019299

1. Entity Name
MASS TORTS MADE PERFECT, LLC



Principal Place of Business
**316 SOUTH BAYLEN STREET
SUITE 600
PENSACOLA, FL 32502**

Mailing Address
**316 SOUTH BAYLEN STREET
SUITE 600
PENSACOLA, FL 32502**

60015148



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

22-3861270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROBERT E JR
316 SOUTH BAYLEN STREET
SUITE 600
PENSACOLA, FL 32502**

Name

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

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. MGRM ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PRACTICE MADE PERFECT, LLC
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL 32502** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LEVIN, PAPANTONIO, THOMAS, MITCHELL,
ECHSNER & PROCTOR, P.A.
316 S. BAYLEN ST., SUITE 600
PENSACOLA, FL 32502** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PROCTOR, MARK J
316 SOUTH BAYLEN STREET, SUITE 600
PENSACOLA, FL 32502** ☐ Delete

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/13/08 850-435-7000