2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 28, 2004 8:00 am Secretary of State

DOCUMENT # L02000024240 1. Entity Name M & R IMPORTS & EXPORTS, LLC						07-28-200	4 90099 048 **	**50.00
Principal Place of Business 433 BUTTONWOOD LANE LARGO, FL 33770 Mailing Address 433 BUTTONWOOD LANE LARGO, FL 33770		NE .		\$ 198(FB); P:	140269		. ae ikāl (11: 1881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	07032004	Chg-LLC	CR2E083 (10/0	3)
City & State		City & State		4. FEI Numb	er PPLICABLE		Applied For Not Applicable	
Zip	Country	Zip	.Country _		5. Certificate	of Status Desired	— \$5.00 Fee Requ	Additional iired
	6. Name and Address of Current I	Registered Agent			7. Name an	Address of New F	Registered Agent	
	m		Name	9				
BOGGS, RONALD (1) 433 BUTTONWOOD LANE LARGO, FL 33770			Stree	t Address	(P.O. Box Number is Not Acceptable)			
,	,							
	6 4:		City				FL Zip C	ode
the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registe	red agent, or bo		orida. Tam familiar w 7 – 24 – 1	
SIGNATURE	Signature, typed or printed name of registered agents	and title if epplicate (NOTE	Registered Agent sig	maturé require	d when reinstation)	······································	DATE	
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Fil Due I	ling Fee is \$50.00 by September 8, 2004				1		ke check payable to a Department of S	
Fil Due I	ling Fee is \$50.00 by September 8, 2004 MANAGING MEMBEI		10.				a Department of S	
Due i	by September 8, 2004					"Florid	/CHANGES	tate .
9.	MANAGING MEMBEI MGRM GIBSON, MICHALE 111 LIVE OAK LN	RS/MANAGERS	10. TITLE	GI		"Florid	/CHANGES	tate .
9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM GIBSON, MICHALE	RS/MANAGERS	10. TITLE NAME STREET ADDRES	GI		"Florid	/CHANGES	tate Ge Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGRM GIBSON, MICHALE 111 LIVE OAK LN	RS/MANAGERS	10. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	ss G1		"Florid	a Department of S /CHANGES XI Chan	tate ge ☐ Addition
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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.