

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L02000034756

1. Entity Name

MISSION DEVELOPMENT GROUP, LLC



Principal Place of Business

**112 S 12TH STREET STE D
TAMPA, FL 33602**

Mailing Address

**112 S 12TH STREET STE D
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

81-0625488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOBBS, ROBERT S ESQUIRE
3719 SWANN AVENUE
TAMPA, FL 33609**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	VOLENEC, GARY J
STREET ADDRESS	112 S 12TH STREET STE D
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	JOHNSON, GREG
STREET ADDRESS	5026 TRENTON ST
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	S
NAME	JOHNSON, SCOTT
STREET ADDRESS	5026 TRENTON ST
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000743636
05/15/07-80117-010 50.00

**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

3/29/07

Date

813 223-9416

Daytime Phone #