

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90218 033 ****50.00

DOCUMENT # L03000019504					
1. Entity Name MTB, LLC					
Principal Place of Business 2750 NE 183 ST. #408 AVENTURA, FL 33160			Mailing Address 2750 NE 183 ST. #408 AVENTURA, FL 33160		
2. Principal Place of Business - No P.O. Box # 43 W. Flagler St. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL Zip: 33130 Country: Miami-Dade		City & State City: Zip: Country:		4. FEI Number 20-0209179	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SIRAGULA, SALVATORE 2750 NE 183RD ST #408 MIAMI, FL 33160			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
(Filing Fee is \$50.00) Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIRAGUSA, SALVATORE 2750 NE 183RD #408 AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP APRILE, GINO 210 174TH ST #119 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			Date: 2/27/07 Daytime Phone #: 786-316-0166		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					