

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000028474

1. Entity Name
MRK DEVELOPMENT, L.L.C.



Principal Place of Business
**4164 MARQUETTE AVE.
JACKSONVILLE, FL 32210**

Mailing Address
**4164 MARQUETTE AVE.
JACKSONVILLE, FL 32210**



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0197551

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHNAUSS, KATHERINE B
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257**

**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 *Katherine B. Schnauss*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-07
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHNAUSS, KATHERINE B
4164 MARQUETTE AVE.
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHNAUSS, ROY H III
4164 MARQUETTE AVE.
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHNAUSS, ROY H M.D.
4164 MARQUETTE AVE.
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000678667
04/03/07-80007-016 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: *Roy H. Schnauss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-22-07 (904) 472-6333