

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048521

**Entity Name:** MLRS PROPERTIES, L.L.C.

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5422 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5422 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 01-0805527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATES, LONDON L ESQ  
1245 COURT ST, STE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LOMAN, MELCHIADES J MD  
**Address:** 8482 CESSNA DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

**Title:** MGRM  
**Name:** RIPPET LLP  
**Address:** 6346 GARLAND CT  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MELCHIADES J. LOMAN

MGRM

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date