

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000055647

1. Entity Name
MLA DEVELOPMENT LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 29 AM 11:05

Principal Place of Business
7890 134TH STREET NORTH
SEMINOLE, FL 33776

Mailing Address
7890 134TH STREET NORTH
SEMINOLE, FL 33776

2. Principal Place of Business
7890 134th ST. N.

3. Mailing Address
7890 134th ST. N. Seminole FL, 33776

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192005 Chg-LLC CR2E083 (10/03)

City & State
Seminole, FL

City & State
Seminole, FL

4. FEI Number
20-0527734
Applied For
Not Applicable

Zip
33776
Country
US

Zip
33776
Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK, ASARO
7890 134TH STREET NORTH
SEMINOLE, FL 33776

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ASARO, MARK
7890 134TH STREET NORTH
SEMINOLE, FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ASARO, LAURA
7890 134TH STREET NORTH
SEMINOLE, FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400059611114
09/14/05--01027--016 **\$5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MICHAEL, EVANS
6681 68TH STREET NORTH
PINELLAS PARK, FL 33781 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE

Mark Asaro

8/23/05