

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000056063

1. Entity Name
MISSION II 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**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1085099

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 ESQ.
3719 SWANN AVENUE
TAMPA, FL 33612**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000833665
02/28/08-80013-017 138.75

9. MANAGING MEMBERS/MANAGERS

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

U00000842035
03/11/08-80011-010 277.50

**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

GARY J. VOLENEC

Date

1/11/08

Daytime Phone #

813 223-9416