

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90033 015 ****50.00

DOCUMENT # L04000040549

1. Entity Name
MPKG GREENVILLE, LLC



Principal Place of Business
2600 N MILITARY TRL
#290
BOCA RATON, FL 33431

Mailing Address
2600 N MILITARY TRL
#290
BOCA RATON, FL 33431

60042336



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-1189685

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GOODMAN, KENNETH J
2300 GLADES ROAD, SUITE 230W
BOCA RATON, FL 33431

Name **KENNETH J. GOODMAN**

Street Address (P.O. Box Number is Not Acceptable)

2600 MILITARY TRAIL, SUITE 290

City **BOCA RATON**

FL

Zip Code **33431**

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 a registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGR ☐ Delete
NAME PUDER, MICHAEL
STREET ADDRESS 2600 N MILITARY TRL, # 290
CITY-ST-ZIP BOCA RATON, FL 33431

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

TITLE MGR ☐ Delete
NAME GOODMAN, KENNETH J
STREET ADDRESS 2600 N MILITARY TRL, # 290
CITY-ST-ZIP BOCA RATON, FL 33431

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-07

Date

561-802-0777

Daytime Phone #