

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000050340

1. Entity Name
MPI, LLC



Principal Place of Business
**7378 PARKINSONIA PLACE
PUNTA GORDA, FL 33955**

Mailing Address
**7378 PARKINSONIA PLACE
PUNTA GORDA, FL 33955**



07092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1337070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEREDITH-PETERS, DEBRA K
7378 PARKINSONIA PLACE
PUNTA GORDA, FL 33955**

**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

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | MEREDITH-PETERS, DEBRA K MS. |
| STREET ADDRESS | 7378 PARKINSONIA PLACE |
| CITY-ST-ZIP | PUNTA GORDA, FL 33955 |

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| STREET ADDRESS | |
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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

Debra K Meredith-Peters 7/8/07