

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90042 050 ****50.00

DOCUMENT # L04000052374

1. Entity Name

M-B COMPANY, LLC.



Principal Place of Business

**1606 RIDGECREST ST
LEHIGH ACRES FL 33936
US**

Mailing Address

**1606 RIDGECREST ST
LEHIGH ACRES FL 33936
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1365731

Applied For

Not Applicable

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

**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN
13571 MCGREGOR BLVD #22
FORT MYERS FL 33919**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

rec'd July 29, 05

9. MANAGING MEMBERS/MANAGERS

TITLE **MR Owner** ☐ Delete
NAME **BUTLER, MARY**
STREET ADDRESS **1606 RIDGECREST ST**
CITY- ST- ZIP **LEHIGH ACRES FL 33936**

TITLE **MR Owner** ☐ Delete
NAME **TURK, ELIZABETH**
STREET ADDRESS **1606 RIDGECREST ST**
CITY- ST- ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 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.

Elizabeth Turk
SIGNATURE: ELIZABETH TURK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239-369-8187