

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90113 021 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite



M-B Co. LLC  
B. Turk/M. Butler  
1606 Ridgcrest St.  
Lehigh Acres, FL 33936

Suite, Apt. #, etc.

City

City & State

Zip

Country

Lee

Zip

Country

Lee

1st MOORE

CR2E083 (10/06)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Beth Turk

1-27-'07

239-369-8187

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

Date

Daytime Phone #