

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000070305

1. Entity Name
MPL DEVELOPMENT, LLC



Principal Place of Business
450 NORTH RIVER ROAD
VENICE, FL 34293

Mailing Address
450 NORTH RIVER ROAD
VENICE, FL 34293 US



04132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2160554

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONCAR, MICHAEL W
450 NORTH RIVER ROAD
VENICE, FL 34293

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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

U000000906786
05/05/08-80012-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LONCAR, MICHAEL W
STREET ADDRESS 450 NORTH RIVER ROAD
CITY-ST-ZIP VENICE, FL 34285

TITLE MEMB
NAME ZIELINSKI, LESZEK R
STREET ADDRESS 546 BRIARWOOD ROAD
CITY-ST-ZIP VENICE, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Michael W. Loncar

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

4-14-08

Date

941-497-3468

Daytime Phone #