

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084048

1. Entity Name
MP-5 TECHNOLOGIES, LLC



FILED
Apr 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
1561 NW 21ST STREET
CRYSTAL RIVER, FL 34429

Mailing Address
1561 NW 21ST STREET
CRYSTAL RIVER, FL 34429



04112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1912620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, PAMELA
1561 NW 21 ST
CRYSTAL RIVER, FL 34428

**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

04/29/08-80025-012-138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MCCLOSKEY, PAMELA
1561 NW 21ST STREET
CRYSTAL RIVER, FL 34429

TITLE
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NAME
STREET ADDRESS
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: Pamela McCloskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-08
Date

352-697-1067
Daytime Phone #