

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090983

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** M&R HOLDINGS OF NAPLES, LLC

**Current Principal Place of Business:**

4796 MARTINIQUE WAY  
NAPLES, FL 341199550

**New Principal Place of Business:**

**Current Mailing Address:**

4796 MARTINIQUE WAY  
NAPLES, FL 341199550

**New Mailing Address:**

19 BROOKWOOD ROAD  
PITTSFORD, NY 14534

FEI Number: 16-1712239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARLICK, THOMAS B ESQ.  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MALARNEY, MICHAEL W  
Address: 4796 MARTINIQUE WAY  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAMPBELL-LOSS, JANICE E  
Address: 19 BROOKWOOD ROAD  
City-St-Zip: PITTSFORD, NY 14534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANICE E. CAMPBELL-LOSS, MANAGER

MGR

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date