

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000016402**

1. Entity Name  
MPR ENTERPRISES, LLC



Principal Place of Business

C/O OPIS MANAGEMENT RESOURCES, LLC  
8800 GRAND OAK CIRCLE, SUITE 400  
TAMPA, FL 33637

Mailing Address

C/O OPIS MANAGEMENT RESOURCES, LLC  
8800 GRAND OAK CIRCLE, SUITE 400  
TAMPA, FL 33637



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0298004

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POWERS, DAVID J P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434

**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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME RABIL, ROBERT L  
STREET ADDRESS 8800 GRAND OAK CIRCLE SUITE 400  
CITY-ST-ZIP TAMPA, FL 33637

TITLE MGRM  
NAME WOOD, MARILYN G  
STREET ADDRESS 8800 GRAND OAK CIRCLE SUITE 400  
CITY-ST-ZIP TAMPA, FL 33637

TITLE MGRM  
NAME MONEY-MCCABE, PEGI  
STREET ADDRESS 8800 GRAND OAK CIRCLE SUITE 400  
CITY-ST-ZIP TAMPA, FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000924658  
05/19/08-80010-003 138.75

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #