

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2008 8:00 am
Secretary of State

01-15-2008 90016 007 ***138.75

DOCUMENT # L05000043637 1. Entity Name MTS RICHMOND, LLC	
---	---

Principal Place of Business 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181	Mailing Address 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181
---	---

DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1746455	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent ANGEL, SPENCER 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGEL, SPENCER 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OH, TAEHO 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVANAUGH, MICHAEL 12550 BISCAYNE BLVD., SUITE 500 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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] 2/25/08 3058687180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #