

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90034 001 ****55.00

DOCUMENT # L05000069075

1. Entity Name

MPB RESTAURANT, LLC



Principal Place of Business

12870 TRADE WAY FOUR
113
BONITA SPRINGS FL 34135

Mailing Address

12870 TRADE WAY FOUR
113
BONITA SPRINGS FL 34135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number

20-3140985

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSALA, CHRISTOPHER
3550 TAMiami TRAIL EAST
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

SANTO RIZZO

Street Address (P.O. Box Number is Not Acceptable)

12870 TRADEWAY 4 SUITE 113

BONITA SPRINGS FLA 34135

City

FL

Zip Code

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

SANTO RIZZO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Santo Rizzo 8/2/06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
MARSALA, LOUIS
1873 SENEGAL DATE DRIVE
NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
RIZZO, SANTO
371 ROSS AVE
STATEN ISLAND NY 10306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
RIZZO, CHRISTOPHER
WINFIELD STREET
STATEN ISLAND NY 10304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/2/06

Date

(239) 992-8882

Daytime Phone #