

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Aug 16, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

2nd MOORE

CR2E083 (4/07)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**RIZZO, SANTO  
12870 TRACEWAY 4  
SUITE 113  
BONITA SPRINGS FL 34135**

Name

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME **U00000772128**  
STREET ADDRESS **08/16/07-80003-006 50.00**  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Date

Daytime Phone #

8/13/07 1-718-791-3265