


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 009 ***138.75

DOCUMENT # L05000091709		
1. Entity Name MRR ENTERPRISES LLC		

Principal Place of Business 8211 W. BROWARD BLVD., STE 120 PLANTATION, FL 33324	Mailing Address 8211 W. BROWARD BLVD., STE 120 PLANTATION, FL 33324
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60023518

2. Principal Place of Business - No P.O. Box # 201 N. University Drive Suite 103A Plantation FL 33324	3. Mailing Address 201 N. University Drive Suite 103A Plantation FL 33324
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03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3827495	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MADIO, RUSS 8211 W. BROWARD BLVD., STE 120 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name St 201 N. University Drive Suite 103A City Plantation FL 33324 FL Zip Code
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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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADIO, RUSS 8211 W. BROWARD BLVD., STE 120 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 N. University Drive Suite 103A Plantation FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/1/08

Date

954-475-0201

Daytime Phone #