## **2008 LIMITED LIABILITY COMPANY**

## Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90128 048 \*\*\*138.75

## **ANNUAL REPORT**

**DOCUMENT # L05000099644** MBTG ENTERPRISES LLC 60027403 Principal Place of Business Mailing Address 2436 STICKNEY POINT ROAD 1212 BEN FRANKLIN DR SARASOTA, FL 34236 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2534777 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLAGHER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1212 BEN FRANKLIN DR SARASOTA, FL 34236 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 reinstating) Make check payable to Make check payable to
Florida Department of State FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE Change ☐ Addition TITLE ☐ Delete GALLAGHER, THOMAS NAME 1212 BEN FRANKLIN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP MGR ☐ Delete TITLE Change ☐ Addition BRILL, MARK NAME NAME STREET ADDRESS 1212 BEN FRANKLIN DR STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

NAME

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Daytime Phone #

☐ Change

Addition