

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90116 037 ***138.75

DOCUMENT # L05000108482

1. Entity Name
MULLINAX PROPERTIES, LLC



Principal Place of Business
**19800 VETERANS BLVD.
UNIT # A 7
PORT CHARLOTTE, FL 33954 US**

Mailing Address
**19800 VETERANS BLVD.
UNIT # A 7
PORT CHARLOTTE, FL 33954 US**

50003664



03312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3765075

Applied For
Not Applicable

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

6.- Name and Address of Current Registered Agent

**MULLINAX, TENNEY E
1811 S.W. 62 PLACE
MIAMI, FL 33155**

**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

Tenney Mullinax

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

(NOTE: Registered Agent signature required when reinstating)

3/31/08

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
MULLINAX, SAMUEL W
6937 PITOMBA STREET
NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MULLINAX, KAREN M
6937 PITOMBA STREET
NORTH PORT, FL 34286**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/08 941764-7911

Date

Daytime Phone #