

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **LOW000005418**

1. Entity Name

magleburg LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

128 S. Indies Dr.

Suite, Apt. #, ect.

3. Mailing Address

128 S. Indies Dr.

Suite, Apt. #, ect.

2016 JUN 8 P 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083B (1/14)

City & State

Duck Key

City & State

Duck Key, FL

4. FEI Number

20-4115282

Applied For

☐ Not Applicable

Zip

Country

33050

US

Zip

Country

33050

US

5. Certificate of Status Desired ☐ \$5.00 Additional

Fee Required

6.

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7. Name and Address of Current Registered Agent

Name

MARLIS BLEY

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

128 S. Indies Drive

City

Duck Key

FL

Zip Code

33050

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.

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

ebley49095@aol.com

To be used for future annual report notices

9. AUTHORIZED REPRESENTATIVES / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

Marlis Bley

128 S. Indies Dr.

Duck Key, FL 33050

TITLE
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CITY-ST-ZIP

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10.

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smw
by nre

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 an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

SIGNATURE:

Marlis Bley

/Marlis Bley

June 30, 2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#