

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90030 006 ***138.75

DOCUMENT # L06000044098

1. Entity Name
MBAR, LLC



Principal Place of Business
2825 SW 22ND AVE.
SUITE 105
DEL RAY BEACH, FL 33445 US

Mailing Address
2825 SW 22ND AVE.
SUITE 105
DEL RAY BEACH, FL 33445 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number

03-0589148

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

GALLETS, EUNICE
2825 SW 22ND AVE.
SUITE 105
DEL RAY BEACH, FL 33445

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 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. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
LASALA, MICHAEL
3541 TERTULIA
N. LAS VEGAS, NV 89081

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member Manager
Mark Soll
4808 Palm Ave Dr
Sarasota FL 34243

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ 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: Mark Soll Mark Soll Manager 5/1/08 941.302.8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #