

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056721

Entity Name: MB, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

10191 W SAMPLE RD
SUITE 215
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10191 W SAMPLE RD
SUITE 215
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-4985090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIENTS, KAREN
10191 W SAMPLE RD
SUITE 215
CORAL SPRINGS, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: ZIENTS, KAREN
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

Title: M () Delete
Name: ELAINE, BERKOW
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

Title: M () Delete
Name: PHYLLIS, ZITCER
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

Title: M (X) Delete
Name: BERKOW, NANCY
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: BERKOW, NANCY
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN ZIENTS

MM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date