

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000076363

1. Entity Name
MLP PROPERTIES, LLC



Principal Place of Business
**16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2109825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RONES, VICTOR K
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**

**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 _____

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**

000000888446
04/22/08-80013-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLUGERMAN, MARSHA
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLUGERMAN, PAUL
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHEDD, LINDA
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

PAUL Klugerman MANAGER 3/25/08 305-595-2000