2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L06000090895

Entity Name: MRF LLC

Current Principal Place of Business:

3402 MAGIC OAK LANE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

3402 MAGIC OAK LANE
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 31-0361400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SVENSON, CHRISTINE F
3402 MAGIC OAK LANE
SARASOTA, FL 34232 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:	MGRM	( ) Delete
Name:	FOX, MICHAEL R	
Address:	8119 NICE WAY	
City-St-Zip:	SARASOTA, FL 34238 US	
Title:	MGRM	( ) Delete
Name:	SCHUYLER, MARCELLA	
Address:	8119 NICE WAY	
City-St-Zip:	SARASOTA, FL 34238 US	
Title:	MGR	(X) Delete
Name:	KAUFMAN, SUSAN	
Address:	6725 ISLAND CREEK RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	MGR	(X) Delete
Name:	KAUFMAN, KENT	
Address:	6725 ISLAND CREEK RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	MGRM	( ) Delete
Name:	SVENSON, CHRISTINE	
Address:	9489 MILLBARK DR #2613	
City-St-Zip:	SARASOTA, FL 34238	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARCELLA SCHUYLER PART 04/28/2009

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