

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90325 031 ****50.00

DOCUMENT # L06000091150

1. Entity Name
MGR, LLC



Principal Place of Business
4673 EAST HIGHWAY 20
NICEVILLE, FL 32578

Mailing Address
4673 EAST HIGHWAY 20
NICEVILLE, FL 32578

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

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
35-2294176

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELUCCA, MARK
4673 EAST HIGHWAY 20
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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 re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DELUCCA, MARK
STREET ADDRESS 4673 EAST HIGHWAY 20
CITY- ST- ZIP NICEVILLE, FL 32578

TITLE MGRM ☐ Delete
NAME TILLOTSON, GUY
STREET ADDRESS 23647 VIA CARINO LANE
CITY- ST- ZIP BONITA SPRINGS, FL 34135

TITLE MGRM ☐ Delete
NAME ADAMS, RONALD
STREET ADDRESS 46 LAKEVIEW BEACH DRIVE
CITY- ST- ZIP DESTIN, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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 605, Florida Statutes.

SIGNATURE: *Marie DeLuca*

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

4/30/07

850-835-1443

Date

Daytime Phone #