

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90329 013 ****50.00

DOCUMENT # L06000096635

1. Entity Name
MNR ENTERPRISES, LLC



Principal Place of Business
**10976 SAWTOOTH OAK COURT
JACKSONVILLE, FL 32218**

Mailing Address
**P.O. BOX 28801
JACKSONVILLE, FL 32226**

60047214



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

2445 DUNN AVE

3. Mailing Address

Suite, Apt. #, etc.

APT 315

Suite, Apt. #, etc.

04092007 Chg-LLC CR2E083 (12/06)

City & State

JACKSONVILLE FL

City & State

4. FEI Number

20-5816318

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, MARLOIN A
10976 SAWTOOTH OAK COURT
JACKSONVILLE, FL 32218**

7. Name and Address of New Registered Agent

Name **MARLON A. RICHARDS**

Street Address (P.O. Box Number is Not Acceptable)

2445 DUNN AVE

APT 315

City

JACKSONVILLE

FL

Zip Code

32218

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)

4/29/07

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHARDS, MARLON A
10976 SAWTOOTH OAK COURT
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2445 DUNN AVE, APT 315
JACKSONVILLE FL 32218** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHARDS, NADEGE
10976 SAWTOOTH OAK COURT
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2445 DUNN AVE, APT 315
JACKSONVILLE FL 32218** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/07

Date

904 885-1515

Daytime Phone #