

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102931

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: MRL GROUP, LLC

**Current Principal Place of Business:**

917 1ST STREET SOUTH  
UNIT 402  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

917 1ST STREET SOUTH  
UNIT 402  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

FEI Number: 20-8437181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLACKBURN & COMPANY, LC  
5150 BELFORT ROAD SOUTH  
BLDG 500  
JACKSONVILLE, FL 32256 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: MGR ( ) Delete  
Name: LARIZZA, ROCCO D  
Address: 917 1ST STREET SOUTH, UNIT 402  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGR ( ) Delete  
Name: LARIZZA, MICHAEL R  
Address: 35332 WATER CHASE WAY WEST  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LARIZZA, LAVERNE W  
Address: 917 1ST STREET SOUTH, UNIT 402  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: ROCCO D. LARIZZA

MGR

02/15/2008

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