

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000104886

1. Entity Name
MTB, LLC



Principal Place of Business

1690 US 1 SOUTH

E

ST. AUGUSTINE, FL 32084 US

Mailing Address

1690 US 1 SOUTH

E

ST. AUGUSTINE, FL 32084 US



01082008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number

51-0613484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSELTA, JAMES J

1690 US1 SOUTH

E

ST. AUGUSTINE, FL 32084

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ASSELTA, JAMES J
STREET ADDRESS	1690 US1 SOUTH STE. E
CITY- ST- ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGRM
NAME	ASSELTA, NICHOLAS J
STREET ADDRESS	1690 US1 SOUTH STE. E
CITY- ST- ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000785545
01/17/08-80005-001 138.75

**DO NOT WRITE
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 *