

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

03-20-2007 90140 049 ****50.00

DOCUMENT # L06000107484 1. Entity Name M & C HUNT, LLC					
Principal Place of Business 1590 BOBBY LEE POINT SANFORD, FL 32771			Mailing Address 1590 BOBBY LEE POINT SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8849337	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOVER, STEPHEN H 230 NORTH PARK AVENUE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Michael J. Good Street Address (P.O. Box Number is Not Acceptable) 1590 Bobby Lee Point City Sanford FL Zip Code 32771		
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		Michael J. Good		2/19/07	
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 KBC DEVELOPMENT, INC. 1590 BOBBY LEE POINT SANFORD, FL 32771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CAK, LLC 431 E. HORATIO, SUITE 260 MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.					
SIGNATURE:		Michael J. Good			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

30005188



02162007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOVER, STEPHEN H
230 NORTH PARK AVENUE
SANFORD, FL 32771

Name
Michael J. Good
Street Address (P.O. Box Number is Not Acceptable)
1590 Bobby Lee Point

City Sanford FL Zip Code 32771

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SIGNATURE Michael J. Good 2/19/07 DATE

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Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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SANFORD, FL 32771 ☐ Delete

TITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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MGRM
CAK, LLC
431 E. HORATIO, SUITE 260
MAITLAND, FL 32751 ☐ Delete

TITLE
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☐ Change ☐ Addition

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SIGNATURE: Michael J. Good 2/19/07 407-330-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #