


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 APR 25 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000116789					
1. Entity Name MBM, LLC					
Principal Place of Business 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301			Mailing Address 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
6. Name and Address of Current Registered Agent					
THOMPSON, SUSAN S ESQ. 3520 THOMASVILLE ROAD TALLAHASSEE, FL 32309					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007					
BK					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES	
NAME	GHAVINI, MEHRDAD		NAME	200101626812	
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DRIVE		STREET ADDRESS	05/04/07--01059--011 **50.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	
NAME			NAME	Ghazvini, Behzad	
STREET ADDRESS			STREET ADDRESS	2811 E Industrial Plaza Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	
NAME			NAME	Ghazvini, Mehran	
STREET ADDRESS			STREET ADDRESS	2811 E Industrial Plaza Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 608, Florida Statutes.					
SIGNATURE: <u>Alisa Lynn Ghazvini</u> 4/24/07 514-1000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
ALISA LYNN GHAVINI as Personal Representative of					



03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-599 8840 Applied For Not Applicable

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

BK

FL

Zip Code

☐ Change ☐ Addition

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☐ Change ☐ Addition

Date

Daytime Phone #