2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000118923

1. Entity Name
MP DETAILING LLC



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

10110 SPYGLASS HILL LN FT MYERS, FL 33966 US Mailing Address

10110 SPYGLASS HILL LN FT MYERS, FL 33966 US



04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	<u> </u>	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

MAURER, CHRIS P 10110 SPYGLASS HILL LN FT MYERS, FL 33966

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	med entity submits this statement for the purpose of cha s of registered agent.	nging its registered office or registered a	agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Sign	nature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when	n reinstating) DATE
	OW!!! FEE IS \$138.75 , 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		多数性流程 化对应性系统指定的 人
		12	- Control of the art - Contr

	NAME STREET ADDRESS CITY-ST-ZIP	MAURER, CHRIS P 10110 SPYGLASS HILL LN FT MYERS, FL 33966
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAURER, PATRICIA J 10110 SPYGLASS HILL LN FT MYERS, FL 33966
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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: Kris

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-Z/-08 (239)273-30Z3

Daytime Phone