

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90076 007 \*\*\*138.75

**DOCUMENT # L06000122915**

1. Entity Name  
MRDLS, LLC



Principal Place of Business  
2063 TRADE CENTER WAY  
NAPLES, FL 34109

Mailing Address  
2063 TRADE CENTER WAY  
NAPLES, FL 34109

**60008220**

2. Principal Place of Business - No P.O. Box #  
2065 Trade Center Way

3. Mailing Address  
2065 Trade Center Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State  
Naples FL

City & State  
Naples FL

4. FEI Number  
20-8186680

Applied For  
Not Applicable

Zip Country  
34109 USA

Zip Country  
34109 USA

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

R&A AGENTS, INC.  
850 PARK SHORE DRIVE  
3RD FLOOR  
NAPLES, FL 34103

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

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME STAHLMAN, MARK S  
STREET ADDRESS 2063 TRADE CENTER WAY  
CITY-ST-ZIP NAPLES, FL 34109

TITLE MGRM ☒ Change ☐ Addition  
NAME Stahlman, Mark S  
STREET ADDRESS 2065 Trade Center Way  
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

2/5/08

Date

Daytime Phone #