

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90029 001 \*\*\*138.75

08-13-2008 90029 002 \*\*\*\*25.00

**30010853**



08072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0184620** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ANTHONY S. ADELSON, P.A.  
501 GOLDEN ISLES DRIVE, SUITE 203  
HALLADALE BEACH, FL 33009

## 7. Name and Address of New Registered Agent

Name **ATAUL HAQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**9501 BRANDYWINE LN.**  
City **PORT ST. LUCIE FL** Zip Code **34986**

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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HAQ, ATAUL  
STREET ADDRESS 14000 BANEERRY CIR.  
CITY-ST-ZIP MANASSAS, VA 20112

TITLE MGRM ☐ Delete  
NAME SWATDISUK, SUEBSAKOL  
STREET ADDRESS 9501 BRANDYWINE LANE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME HAQ, ATAUL  
STREET ADDRESS 9501 BRANDYWINE LN.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE MGR ☒ Change ☐ Addition  
NAME SWATDISUK, SUEBSAKOL  
STREET ADDRESS 1320 N. WAYNE ST. #408  
CITY-ST-ZIP ARLINGTON, VA 2220

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

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

TITLE ☐ Change ☐ Addition  
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, BOOKKEEPER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ATTACHMENT**  
**30010853**  
**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MGA LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ataul Haq

(Name of Person)

MGA LLC

(Firm/Company)

9501 Brandywine Lane

(Address)

Port Saint Lucie, FL 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

Ataul Haq

(Name of Person)

at ( 772 ) 342-2692

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ATTACHMENT

30010853

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MGA LLC +

2. (a) Principal office address of limited liability company: 9501 Brandywine Lane +  
 (Note: **MUST BE STREET ADDRESS**) Port Saint Lucie, FL 34986 +

(b) Mailing address of limited liability company: 9501 Brandywine Lane +  
 (Note: **MAY BE POST OFFICE BOX**) Port Saint Lucie, FL 34986 +

05/07/2007 L07000048350

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Anthony S. Adelson, P.A.

Registered Office Address: 501 Golden Isles Drive, Suite 203  
Hallandale Beach, FL 33009 US +

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Ataul Haq +

**NEW** Registered Office Address: 9501 Brandywine Lane  
**(MUST BE FLORIDA STREET ADDRESS)** Port Saint Lucie, FL 34986

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

ATAUL HAQ  
 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00