

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074957

Entity Name: MPV RESTAURANTS, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

4000 SAINT JOHNS AVE.
SUITE # 40
JACKSONVILLE, FL 322059352 US

New Principal Place of Business:

Current Mailing Address:

4000 SAINT JOHNS AVE.
SUITE # 40
JACKSONVILLE, FL 322059352 US

New Mailing Address:

FEI Number: 30-0431810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
14 EAST BAY STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: VERLANGIERI, BRENO M OWNER
Address: 1600 LINKSIDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MRS. () Delete
Name: VERLANGIERI, ROSANE F OWNER
Address: 1600 LINKSIDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MR. () Delete
Name: MAREK, JOSEPH R OWNER
Address: 12171 BEACH BLVD. APT. # 704
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VERLANGIERI / BRENO M.

MR.

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date