

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 005 ***138.75

DOCUMENT # L07000080454

1. Entity Name
MX PRODUCTS LLC



Principal Place of Business
**499 PATRICIA AVE
SUITE C
DUNEDIN, FL 34698 US**

Mailing Address
**499 PATRICIA AVE
SUITE C
DUNEDIN, FL 34698 US**

60038531

2. Principal Place of Business - No P.O. Box #
5054 Quill Ct
Suite, Apt. #, etc.

3. Mailing Address
36181 East Lake Rd
Suite, Apt. #, etc. **#24**

City & State
Palm Harbor FL
Zip **34685** Country **USA**

City & State
Palm Harbor, FL
Zip **34685** Country **USA**

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicab

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

6. Name and Address of Current Registered Agent

**MINK, MICHAEL A
5054 QUILL CT.
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **N/A** **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

TITLE **MGR** ☐ Delete
NAME **MINK, MICHAEL A**
STREET ADDRESS **5054 QUILL CT**
CITY - ST - ZIP **PALM HARBOR, FL 34698**

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10. ADDITIONS / CHANGES

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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: **Michael Mink**