

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101137

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: MBD HOLDINGS, LLC

**Current Principal Place of Business:**

3545 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

3545 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 06-1826045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOFFMAN, ERIC  
3545 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426      US

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: MGRM      ( ) Delete  
Name: HOFFMAN, ERIC  
Address: 7540 RIDGEFIELD LAND  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM      ( ) Delete  
Name: HOFFMAN, ANDREW  
Address: 1150 NW 108TH TERRACE  
City-St-Zip: PLANTATION, FL 33322 US

**ADDITIONS/CHANGES:**

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: ERIC HOFFMAN

P

06/16/2009

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