

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103897

Entity Name: MLE INVESTMENTS, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2300 N. SCENIC HWY  
#69  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 832  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 26-1250415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRAUGHN, RICHARD E ESQ.  
255 MAGNOLIA AVE.  
WINTER HAVEN, FL 33883 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: MGRM  
Name: EVANS, DAVID K M.D.  
Address: P.O. BOX 832  
City-St-Zip: LAKE WALES, FL 33859

Title: MGRM  
Name: EVANS, KAREN B M.D.  
Address: 1411 PARK PL  
City-St-Zip: HAINES CITY, FL 33844

I hereby 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: KAREN B EVANS, MD

MGRM

04/20/2010

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