

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080258

Entity Name: MITSOLVO LAND LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2004 CITRA AVENUE
JACKSONVILLE, FL 32201 US

New Principal Place of Business:

12873 BEAUBIEN ROAD
JACKSONVILLE, FL 32258 US

Current Mailing Address:

2004 CITRA AVENUE
JACKSONVILLE, FL 32201 US

New Mailing Address:

12873 BEAUBIEN ROAD
JACKSONVILLE, FL 32258 US

FEI Number: 26-3279969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEEKS, SHANE D
2004 CITRA AVENUE
JACKSONVILLE, FL 32201 US

Name and Address of New Registered Agent:

WEEKS, SHANE D
12873 BEAUBIEN ROAD
JACKSONVILLE, FL 32258 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: SHANE DAVID WEEKS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEEKS, SHANE D
Address: 2004 CITRA AVENUE
City-St-Zip: JACKSONVILLE, FL 32201 US

Title: MGRM () Delete
Name: BEINART, BARRY M
Address: 113 OVERLOOK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEEKS, SHANE D
Address: 12873 BEAUBIEN ROAD
City-St-Zip: JACKSONVILLE, FL 32258 US

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: BARRY BEINART

MGRM

04/30/2009

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