

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000039412

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** THARP MBM, LLC

**Current Principal Place of Business:**

322 U.S. HIGHWAY 27 SOUTH  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

322 U.S. HIGHWAY 27 SOUTH  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 45-1443013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THARP, MARK LEE  
322 U.S. HIGHWAY 27 SOUTH  
LAKE PLACID, FL 33852 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:** THARP, MARK L  
**Address:** 52 MEADOWLAKE CR. S.  
**City-St-Zip:** LAKE PLACID, FL 33852 US

**Title:** MGRM  
**Name:** THARP, BRIAN R  
**Address:** 23 MEADOWLAKE CR. S.  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** MGRM  
**Name:** THARP, MARK L II  
**Address:** 3620 PAR RD.  
**City-St-Zip:** SEBRING, FL 33872

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:** MARK L THARP

MGRM

01/13/2012

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