

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000415
M F L, LTD. L. C.
C/O LADONNA J. CODY, P.A.
~~XXXXXXXXXXXX~~ 12661 NEW BRITTANY BLVD.
FORT MYERS FL ~~33901~~ 33907

1a. Principal Place of Business Address
C/O LADONNA J. CODY, P.A.
~~XXXXXXXXXXXX~~ 12661 NEW
FORT MYERS FL ~~33901~~ BRITTANY BLV
33907

2. Principal Place of Business
12661 NEW BRITTANY BLVD.
Suite, Apt. #, etc.
City & State
FORT MYERS, FL
Zip
33907
Country
USA

2a. Mailing Address
12661 NEW BRITTANY BLVD.
Suite, Apt. #, etc.
City & State
FORT MYERS, FL
Zip
33907
Country
USA

3. Date Organized or Qualified
11/18/1993
4. FEI Number
65-0461237
5. Date of Last Report
05/12/1998
3a. State of Formation
FL
☐ Applied For
☐ Not Applicable
6. Certificate of Status Desired
\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent
CODY, LADONNA J
~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

8. Name and Address of New Registered Agent/Office
Name
CODY, LADONNA J.
Street Address (P.O. Box Number is Not Acceptable)
12661 NEW BRITTANY BLVD.
Suite, Apt. #, etc.
City
FORT MYERS
Zip Code
FL 33907

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Ladonna J. Cody* (DATE) 4/12/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's name must appear on this statement)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LANGE, MICHAEL	TSINGTAUER STRASSE 105	MUNICH, GERMANY
MEM	LANGE, CHRISTA	TSINGTAUER STRASSE 105	MUNICH, GERMANY

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****395.00 ****197.50

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *X [Signature] Christa Lange*