2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AI
Secretary of State

DOCUMENT # L96000000246

1. Entity Name
MSD FAMILY LIMITED COMPANY

Principal Place of Business
1222 DONNA DRIVE
FORT MYERS, FL 33919

Mailing Address
1222 DONNA DRIVE
FORT MYERS, FL 33919

02112007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
65-0653098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PULS, JAMES M
9211 GRAN PALM CT
RIVERVIEW, FL 33569

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8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PULS, HARRIET E. R
STREET ADDRESS	1222 DONNA DR.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	MGRM
NAME	PULS, JAMES M
STREET ADDRESS	9211 GRAND PALM COURT
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	PULS, ROBERT R
STREET ADDRESS	1222 DONNA DR.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	MGRM
NAME	PULS, JOHN L JR.
STREET ADDRESS	1222 DONNA DR.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80058-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Robert R. Puls, Robert R. Puls 3-13-07 (239) 939-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #