2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
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

01072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000776265
01/09/08-80017-008 138.75

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	

DO NOT WRITE IN THIS SPACE

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 1-7-08 (239)939-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #