

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90073 003 ****55.00

DOCUMENT # L98000003073

1. Entity Name
MB GROUP OF WEST FLORIDA, L.C.



Principal Place of Business
4400 BAYOU BOULEVARD, UNIT #26B
PENSACOLA, FL 32503

Mailing Address
4400 BAYOU BOULEVARD, UNIT #26B
PENSACOLA, FL 32503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3545443

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGUIRE, GERALD W
4400 BAYOU BLVD., UNIT 26-B
PENSACOLA, FL 32503

Name
McGuire, Diana J.
Street Address (P.O. Box Number is Not Acceptable)
4400 Bayou Blvd.,
Suite 26-B
City
Pensacola
FL Zip Code
32503

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

Diana J. McGuire

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCGUIRE, GERALD
4400 BAYOU BOULEVARD, UNIT #26B
PENSACOLA, FL 32503 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCGUIRE, DIANA J
4400 BAYOU BLVD. SUITE 26 B
PENSACOLA, FL 32503 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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11. I 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 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:

Diana J. McGuire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-10-04 479-4155

(850)