# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002503

1. Entity Name

M. H. P. Group Nine L.L.C.

FILED
03 JUN 12 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2085 C.R. 740 | 2085 C.R. 740 |
| Sube, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Webster FL | City & State: Webster FL 33597 |
| Zip: 33597 Country: | Zip: Country: |

4. FEI Number: 59-3590267 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Catherine M. Stewart

Street Address (P.O. Box Number is Not Acceptable)

2085 CR 740

City: Webster FL Zip Code: 33597

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 _____ DATE

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

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Hugh Stewart<br>6260 Wiles Rd #102<br>Coral Springs FL 33067 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Catherine Gress<br>11241 Heron Bay Blvd, Apt. 3324<br>Coral Springs FL 33076 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Alexander T. Gress<br>2085 C.R. 740<br>Webster FL 33597 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

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|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100020805461 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BK |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E083B (1/202)

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 the 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: _____ 6-10-03 Date 954 288-8545 Daytime Phone #

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

CORPORATION SERVICE COMPANY™

L99000002503

ACCOUNT NO. : 072100000032

REFERENCE : 128924 4728874

AUTHORIZATION : Patricia Pezuto

COST LIMIT : $ 55.00

FILED
03 JUN 12 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 JUN 12 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : June 12, 2003

ORDER TIME : 10:44 AM

ORDER NO. : 128924-005

CUSTOMER NO: 4728874

CUSTOMER: Susan Mckee
Stichter Riedel Blain &
Suite 200
110 East Madison Street
Tampa, FL 33602-4700

MK

ANNUAL REPORT FILING

NAME: M.H.P. GROUP NINE, LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: _____