

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**  
50.00

**DOCUMENT # L99000007552**

1. Entity Name  
MRS ASSOCIATES, LLC



Principal Place of Business  
221 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114

Mailing Address  
221 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114



03102005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CROTTY, KATHLEEN L ESQ  
CROTTY & BARTLETT  
1800 W. INTERNATIONAL SPEEDWAY BLVD #201  
DAYTONA BEACH, FL 32114

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
SCHWARZ, JAMES  
221 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/28/05-80067-011 50.00

**DO NOT WRITE  
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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)(l), 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:** \* *James Schwarz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

\* Mar 19, '05

417-623 3060  
EXT 127