

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90165 003 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002841

1. Entity Name

REC. MPR, LLC

DO NOT WRITE IN THIS SPACE

943850

2. Principal Place of Business

3. Mailing Address

445 Broadhollow Rd

Suite, Apt. #, etc.

Suite 224

City & State

Melville, NY

Zip

11747

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3641044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lexis Document Services

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

3953 Wm Kelley Road

City

Tallahassee

FL

Zip Code

32311

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President, Treasurer

Andrew L. Stidd

445 Broadhollow Rd

Melville, NY 11747

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V. President, Secretary

Michelle Moezzi

114 W. 47th Street

New York, NY 10036

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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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:

Andrew L. Stidd

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

Date

Daytime Phone #

CR2E083B (12/01)