

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90128 003 ****50.00

DOCUMENT # M03000000185 1. Entity Name MNFL, LLC					
Principal Place of Business 1129 140TH LANE N.W. ANDOVER, MN 55304			Mailing Address 1129 140TH LANE N.W. ANDOVER, MN 55304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072005 Chg-LLC CR2E083 (10/03)	
4. FCI Number 11-3644089				App'd For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SYKES, BRYAN 201 NORTH FRANKLIN STREET STE. 2200 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Accepted) City State FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FRITCH, CHRISTOPHER 1129 140TH LANE N.W. ANDOVER, MN 55304	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HOWARD, GREGORY 1129 140TH LANE N.W. ANDOVER, MN 55304	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HOWARD, ANTHONY 1129 140TH LANE N.W. ANDOVER, MN 55304	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FRITCH, BRAD 1129 140TH LANE N.W. ANDOVER, MN 55304	☐ Delete			
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10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FRITCH, BRAD 1129 140TH LANE N.W. ANDOVER, MN 55304	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FRITCH, BRAD 1129 140TH LANE N.W. ANDOVER, MN 55304	☐ Change ☐ Addition			
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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)(c), 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					