

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90043 002 ****50.00

DOCUMENT # M03000001268

1. Entity Name

MLC, L.L.C.



Principal Place of Business

77 BAYSIDE OFFICE PK
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 99
GULF BREEZE FL 32562



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

63-1130968

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

LYONS, MARK III

~~68 BAYBRIDGE~~
GULF BREEZE FL 32561

Name

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

77 Baybridge Office Park

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LYONS, MARK III
P.O. BOX 99
GULF BREEZE FL 32562-0099 ☐ Delete

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

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

4/24/06

8509340440