

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90403 013 ***138.75

DOCUMENT # M07000000021

1. Entity Name
MVR HOLDINGS, LLC



Principal Place of Business
**1801 SOUTH FEDERAL HIGHWAY, SUITE 305
DELRAY BEACH, FL 33483**

Mailing Address
**1801 SOUTH FEDERAL HIGHWAY, SUITE 305
DELRAY BEACH, FL 33483**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8043738

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

**SCHRAGER, DANIEL
1801 SOUTH FEDERAL HIGHWAY, SUITE 305
DELRAY BEACH, FL 33483**

Name

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

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** ☐ Delete
~~MOUNTAIN VALLEY RECYCLING, INC.~~
STREET ADDRESS
CITY-ST-ZIP **1801 SOUTH FEDERAL HIGHWAY, SUITE 305
DELRAY BEACH, FL 33483**

TITLE
NAME **SCHRAGER ENTERPRISES INC** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM** ☐ Delete
LASER PARTNERS I, LP
STREET ADDRESS ~~5100 TOWN CENTER CIRCLE-~~
CITY-ST-ZIP ~~BOKARATON, FL 33486~~

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **2700 N. MILITARY TRAIL #100**
CITY-ST-ZIP **BOKARATON, FL 33431**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 #

2/29/08