

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002729

Entity Name: MF LONGWOOD, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

4 WEST RED OAK LN.  
WHITE PLAINS, NY 10604

**New Principal Place of Business:**

1520 S. GRANT STREET  
LONGWOOD, FL 32750

**Current Mailing Address:**

4 WEST RED OAK LN.  
WHITE PLAINS, NY 10604

**New Mailing Address:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

FEI Number: 26-2577948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORIDA FACILITIES, LLC  
Address: 4 WEST RED OAK LN.  
City-St-Zip: WHITE PLAINS, NY 10604

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANA MARTINEZ-JONES

MS.

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date