

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031680

Entity Name: MABRUDI, LLC

Current Principal Place of Business:

218 SLEEPY OAKS RD NW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

218 SLEEPY OAKS ROAD NW
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-2615391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOCH, MARK D
218 SLEEPY OAKS RD NW
FORT WALTON BEACH, FL 32548 US

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

Authorized Person(s) Detail :

Title MANAGER
Name KOCH, MARK D
Address 218 SLEEPY OAKS ROAD NW
City-State-Zip: FORT WALTON BEACH FL 32548

Title MANAGER
Name KOCH, CHERI L
Address 218 SLEEPY OAKS RD NW
City-State-Zip: FORT WALTON BEACH FL 32548

Title MANAGER
Name KOCH, JUSTIN D
Address 218 SLEEPY OAKS RD NW
City-State-Zip: FORT WALTON BEACH FL 32548

Title MANAGER
Name CROWN, KRISTEN G
Address 115 WALDEN RIDGE WAY
City-State-Zip: SUMMERVILLE SC 29485

Title MANAGER
Name KOCH, AMBER M
Address 218 SLEEPY OAKS RD NW
City-State-Zip: FORT WALTON BEACH FL 32548

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK D. KOCH

MANAGER

03/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date