

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078185

Entity Name: MB FAMILY, LLC**Current Principal Place of Business:**18433 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424**Current Mailing Address:**184331 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, MURRAY LMD
184331 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424 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	MGRM
Name	BAKER, MURRAY LMD
Address	184331 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	LPTR
Name	BAKER, VIRGINIA
Address	184331 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	LPTR
Name	BAKER, MURRAY LJR
Address	18433 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	LPTR
Name	BAKER, JOHN F
Address	18433 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	LPTR
Name	BAKER, KRISTEN E
Address	18433 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	LPTR
Name	BAKER, VIRGINIA N
Address	18433 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

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: MURRAY L. BAKER, MD**MANAGER****03/03/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date