2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2017
Secretary of State
CC6301804559

DOCUMENT# L06000078185

Entity Name: MB FAMILY, LLC

Current Principal Place of Business:

18433 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424

Current Mailing Address:

18433 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, MURRAY LESTER MD
18433 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: MURRAY LESTER BAKER, MD 04/02/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BAKER, MURRAY LESTER MD
Address	18433 NE ROY GOLDEN ROAD
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	LPTR
Name	BAKER, MURRAY LESTER JR. MD
Address	7213 OX BOW CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

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

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

Title	LPTR
Name	BAKER, JOHN F
Address	10617 NORTHWOODS FOREST DRIVE
City-State-Zip:	CHARLOTTE NC 28214

Title	LPTR
Name	BAKER, VIRGINIA NOEL
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 LESTER BAKER, MD MANAGER 04/02/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date