

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121189

**Entity Name:** MPL RETIREMENT, LLC

**Current Principal Place of Business:**

112 MASTERS LANE  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

112 MASTERS LANE  
SAFETY HARBOR, FL 34695

**FEI Number:** 45-3712439

**Certificate of Status Desired:** No

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

JANSSEN, DUANE H  
1626 38TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 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 MGR  
Name JANSSEN, DUANE H  
Address 1626 38TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

*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:** DUANE JANSSEN

**MANAGER**

**03/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date