

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000363323

Entity Name: MPT AVALON, LLC

Current Principal Place of Business:

42373 PARRISH CREEK ROAD
SPRAY, OR 97874

Current Mailing Address:

PO BOX 208
SPRAY, OR 97874 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE SERVICE BUREAU INC.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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 AMBR
Name HARVEY, TODD
Address 42373 PARRISH CREEK ROAD
City-State-Zip: SPRAY OR 97874

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: TODD HARVEY

AMBR

03/20/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date