

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007552

Entity Name: MRS ASSOCIATES, LLC**Current Principal Place of Business:**440 FENTRESS BOULEVARD
DAYTONA BEACH, FL 32114**Current Mailing Address:**164 BREEZEWOOD DR
HANOVER, PA 17331 US**FEI Number:** 59-3679118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROTTY, KATHLEEN LESQ
CROTTY & BARTLETT
1825 BUSINESS PARK BLVD, SUITE A
DAYTONA BEACH, FL 32114 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, AUTHORIZED MEMBER
Name	SCHWARZ, JAMES R
Address	164 BREEZEWOOD DR
City-State-Zip:	HANOVER PA 17331

Title	AUTHORIZED MEMBER
Name	BRINKLEY, LINDA
Address	565 LAYPORT DR
City-State-Zip:	SEBASTIAN FL 32958

Title	AUTHORIZED MEMBER
Name	SCHWARZ, ED
Address	1001 SHOCKNEY DR
City-State-Zip:	ORMOND BEACH FL 32174

Title	AUTHORIZED MEMBER
Name	SCHWARZ, RICK
Address	295 COQUINA AVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	AUTHORIZED MEMBER
Name	PEGG, TRUDY
Address	947 RUNNING BROOK DR.
City-State-Zip:	HOLLY MI 48442

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: JAMES SCHWARZ

MANAGING MEMBER

01/30/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date