

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003878

Entity Name: MP NEXLEVEL, LLC

Current Principal Place of Business:

500 COUNTY ROAD 37 W
MAPLE LAKE, MN 55358

Current Mailing Address:

500 COUNTY ROAD 37 W
MAPLE LAKE, MN 55358 US

FEI Number: 30-0095149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MEMBER
Name TL NEXLEVEL COMPANIES, LLC
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title MANAGER
Name BECKER, RUSSELL A
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title MANAGER
Name PEREZ, CARLOS ENRIQUE
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title MANAGER, SECRETARY
Name LAMBERT, LOUIS
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title PRESIDENT
Name PRIBYL, ROBBIE
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title CONTROLLER, SECRETARY
Name FANDEL, KRISTY
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title ASST. TREASURER
Name HLAVACH, STEPHEN
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title VP
Name WOLFF, TODD
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

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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: LOUIS LAMBERT

SECRETARY

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name AYDT, MICHAEL
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358

Title TREASURER
Name BETTMANN, KRISTEN
Address 500 COUNTY ROAD 37 W
City-State-Zip: MAPLE LAKE MN 55358