


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90185 045 ****50.00

DOCUMENT # L04000076178

1. Entity Name
MTA SERVICES, LLC,



Principal Place of Business Mailing Address
1513 S. KIRKMAN RD **1513 S. KIRKMAN RD**
APT. 1115 **APT. 1115**
ORLANDO, FL 32811 US **ORLANDO, FL 32811 US**

60020380



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02262007 Chg-LLC CR2E083 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-3912140 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

VILLARAN, CARLOS E
505 WECHSLER CIRCLE
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name *Carlos Leon*
 Street Address (P.O. Box Number is Not Acceptable)
1513 S Kirkman Rd Apt 1115
 City *Orlando* FL Zip Code *32811*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *2/26/07*

Signature typed or printed name of registered agent if not applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERA, RAFAEL A <input checked="" type="checkbox"/> Delete 10714 PIXIE LN APT 301 ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEON, CARLOS <input type="checkbox"/> Delete 1513 S. KIRKMAN RD APT 1115 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLON, MARIA L <input type="checkbox"/> Delete 1513 KIRKMAN RD APT 1115 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]* Date *2/26/07* Daytime Phone # *321-443-9170*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE