

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029228

FILED
Feb 24, 2009
Secretary of State

Entity Name: MLM FINANCIAL SERVICES, LLC

Current Principal Place of Business:

3900 CENTRAL AVENUE
ST. PETERSBURG, FL 33711238 US

New Principal Place of Business:

Current Mailing Address:

3900 CENTRAL AVENUE
ST. PETERSBURG, FL 33711238 US

New Mailing Address:

FEI Number: 20-4866159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERBST, MARK D MD, PHD
3900 CENTRAL AVENUE
ST. PETERSBURG, FL 33711238 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERBST, MARK D MD, PHD
Address: 3900 CENTRAL AVEUE
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: MGRM () Delete
Name: OREGON, LARRY
Address: 1450 ARCHER STREET
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: MGRM () Delete
Name: PASCUZZI, MICHAEL
Address: 6600 RIVER CLUB BLVD.
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARK D. HERBST, M.D., PH.D.

MGRM

02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date