

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038987

FILED
Jan 17, 2008
Secretary of State

Entity Name: M & S PACK SERVICES, LLC

Current Principal Place of Business:

10338 NW 55TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10338 NW 55TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-8825268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, ROBERTO J ESQ.
CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 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: P () Delete
Name: MARTI, TOMAS
Address: 10338 NW 55TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: MARTI, JAVIER T
Address: 10338 NW 55TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: MARTI, MARGARITA M
Address: 10338 NW 55TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: MARTI, MARIA L
Address: 10338 NW 55TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: GARCIA-HERREROS, MARGARITA
Address: 10338 NW 55TH STREET
City-St-Zip: SUNRISE, FL 33351

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:

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: TOMAS MARTI

P

01/17/2008

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