

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004345

1. Entity Name
MAIL TERMINAL SERVICES, LLC



Principal Place of Business
2853 N. COMMERCE PARKWAY
MIRIMAR, FL 33025

Mailing Address
2700 S. COMMERCE PARKWAY
SUITE #105
WESTON, FL 33331



06142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3128641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

000000567422
06/20/06-80002-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
COMSTOCK, RODGER
2700S. COMMERCE PARKWAY, 105
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
SCHORR, RICHARD M
2700 S. COMMERCE PARKWAY, 105
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

6/16/06 954-345-4543