

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007150

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** MECHANICAL MAINTENANCE SERVICES, LLC

**Current Principal Place of Business:**

999 MECHANICS VALLEY RD.  
NORTH EAST, MD 21901

**New Principal Place of Business:**

**Current Mailing Address:**

999 MECHANICS VALLEY RD.  
NORTH EAST, MD 21901

**New Mailing Address:**

**FEI Number:** 11-3655446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TSOMBANIDIS, JOSEPH A ESQ.  
240 S. PINEAPPLE AVE., SUITE 1000  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

TSOMBANIDIS, JOSEPH A ESQ  
4925 VALLEY FIELD DRIVE  
OLDSMAR, FL 34677 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: JOSEPH A TSOMBANDIS, ESQ

03/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NICHOLAS JOHN FAFALI, OS  
Address: 999 MECHANICS VALLEY RD.  
City-St-Zip: NORTH EAST, MD 21901

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS FAFALIOS

MGR

03/20/2007

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