

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014124

1. Entity Name
M & S INVESTMENTS, L.L.C.



Principal Place of Business
**3910 GOLF PARK LOOP
SUITE #1
BRADENTON, FL 34203**

Mailing Address
**3910 GOLF PARK LOOP
SUITE #1
BRADENTON, FL 34203**



03112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1072241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONIGLIO, SAMUEL M III
3910 GOLF PARK LOOP
SUITE #1
BRADENTON, FL 34203**

**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 May 1, 2007**

U00000719418
05/01/07-80062-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONIGLIO, SAMUEL M III
STREET ADDRESS	3910 GOLF PARK LOOP, SUITE #1
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	MGRM
NAME	CONIGLIO, CAROL A
STREET ADDRESS	3910 GOLF PARK LOOP, SUITE #1
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Carol A. Coniglio (Carol Coniglio)*

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

Date

Daytime Phone #

941-

4/17/07 351-2664