

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90022 010 \*\*\*\*50.00

**DOCUMENT # L01000002034**

1. Entity Name

**M & N SERVICES, L.L.C.**



Principal Place of Business

**440 WEST HANNAH ST.  
PENSACOLA FL 32534**

Mailing Address

**440 WEST HANNAH ST.  
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3182750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NERGER, MARK  
440 WEST HANNAH ST.  
PENSACOLA FL 32534**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|---|
| MGR<br>NERGER, MARK<br>440 WEST HANNAH ST.<br>PENSACOLA FL 32534 | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |
|  | <input type="checkbox"/>        |  | <input type="checkbox"/>  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #