

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED

2012 MAY 31 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152012 Chg-LLC CR2E083 (12/11)

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 D
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 \$538.75
Due by September 28, 2012

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME NERGER, MARK D
STREET ADDRESS 440 WEST HANNAH ST.
CITY- ST- ZIP PENSACOLA, FL 32534

TITLE ☐ Change ☐ Addition
NAME 600235916826
STREET ADDRESS 06/05/12--01010--031 **138.75
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mark D. NERGER

5/25/12 MNVENDING@gmail.com

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

DATE

E-MAIL ADDRESS

MARK D. NERGER

JUN 06 2012