2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L01000014893

Entity Name: M.O.S., LLC

Current Principal Place of Business:

256 SW WASHINGTON AVE
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 902
MADISON, FL 323410902 US

New Mailing Address:

FEI Number: 58-2650716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STICK, MICHAEL O MD
256 SW WASHINGTON AVE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

WILLIAMS, TAMMY P MGRM
256 SW WASHINGTON AVE
MADISON, FL 32340 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: TAMMY WILLIAMS 01/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STICK, MICHAEL O M.D.
Address: PO BOX 902
City-St-Zip: MADISON, FL 32341 US

Title: MGRM (X) Delete
Name: WILLIAMS, TAMMY NPC
Address: P.O. BOX 902
City-St-Zip: MADISON, FL 32340 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, TAMMY P NPC
Address: 256 SW WASHINGTON AVENUE
City-St-Zip: MADISON, FL 32340 US

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

I hereby certify that the information supplied with this filing does not qualify 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: TAMMY WILLIAMS MGRM 01/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date