

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90052 039 ****50.00

DOCUMENT # L02000017131

1. Entity Name

MLG SERVICES, LLC



Principal Place of Business

**8131 BAYMEADOWS CIRCLE WEST, SUITE 204
JACKSONVILLE FL 32202**

Mailing Address

**8131 BAYMEADOWS CIRCLE WEST, SUITE 204
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

72-1528738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STUTSMAN & THAMES, P.A.
121 W FORSYTH STREET, SUITE 600
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**
NAME **TEWEY, ERIC L**
STREET ADDRESS **1953 HAWKCREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**
☒ Delete **10/2/02**

TITLE
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10. ADDITIONS / CHANGES

TITLE **MGR**
NAME **THOMAS D KING**
STREET ADDRESS **2672 SENECA DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32259**
☐ Change ☒ Addition

TITLE
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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 #

1-24-03 904-733-8810

CR2E083 (10/02)