


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000050294</b> 1. Entity Name <b>M &amp; E SERVICES, LLC</b>	
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Principal Place of Business <b>228 BLACKBURN BOULEVARD NORTH PORT, FL 34287 US</b>	Mailing Address <b>228 BLACKBURN BOULEVARD NORTH PORT, FL 34287 US</b>
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01252006No Chg-LLC CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0451987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>NESVACIL, MAUREEN A 228 BLACKBURN BOULEVARD NORTH PORT, FL 34287</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NESVACIL, MAUREEN A 228 BLACKBURN BOULEVARD NORTH PORT, FL 34287
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02/28/06-80067-022 50.00

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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:** Maureen A. Nesvacil **Maureen A. Nesvacil** 2/14/06 941-429-1786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #