


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000050294 1. Entity Name M & E SERVICES, LLC	
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Principal Place of Business 228 BLACKBURN BOULEVARD NORTH PORT, FL 34287 US	Mailing Address 228 BLACKBURN BOULEVARD NORTH PORT, FL 34287 US
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01222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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

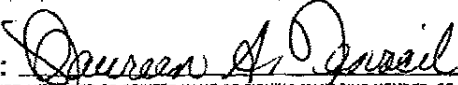
Filing Fee is \$50.00
Due by May 1, 2007

U000000S04413
01/29/07-80052-018 50.00

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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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Maureen A. Nesvacil

1/23/07 **941-429-1786**
Date Daytime Phone #