

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042646

FILED  
Jun 08, 2009  
Secretary of State

Entity Name: MSM, LLC

**Current Principal Place of Business:**

371 CHANNELSIDE WALKWAY #501  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

371 CHANNELSIDE WALKWAY #501  
TAMPA, FL 33602

**New Mailing Address:**

7729 STILL LAKES DRIVE  
ODESSA, FL 33556

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BARNES, ALONZO F JR  
371 CHANNELSIDE WALKWAY  
#501  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

STALLWORTH, DEXTER G  
7729 STILL LAKES DR  
ODESSA, FL 33556 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: DEXTER STALLWORTH

06/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRANCIS, GREGORIO  
Address: 6226 CARTMEL LANE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: BARNES, ALONZO F JR  
Address: 371 CHANNELSIDE WALKWAY #501  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: STALLWORTH, DEXTER  
Address: 7729 STILL LAKE DR  
City-St-Zip: ODESSA, FL 33556

Title: MGRM ( ) Delete  
Name: DEPASS, MICHAEL  
Address: 6316 TULSA LANE  
City-St-Zip: BETHESDA, MD 20817

Title: MGRM ( ) Delete  
Name: DEPASS, VALARIE  
Address: 6316 TULSA LANE  
City-St-Zip: BETHESDA, MD 20817

Title: MGRM ( ) Delete  
Name: PAGE, ERNEST II  
Address: 7896 HORSE FERRY RD  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: DEXTER STALLWORTH

DR

06/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date