

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058003

Entity Name: MRS, LLC

FILED
Feb 26, 2008
Secretary of State

Current Principal Place of Business:

4754 US HWY 19 N
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4754 US HWY 19 N
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-1617850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHMAN, MARK
8814 ROCKY CREEK DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

PATEL, MALTI
296 TALL OAK TRAIL
TARPON SPRINGS, FL 34688 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: MALTI PATEL

02/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, MALTI
Address: 296 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM () Delete
Name: SHAH, RAJUL R
Address: 3117 FETLOCK COURT
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM () Delete
Name: SHAH, SMITA S
Address: 304 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688 US

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:

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: MALTI PATEL

MGRM

02/26/2008

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