2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058003

Entity Name: MRS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4754 US HWY 19 N NEW PORT RICHEY, FL 34652	2252 US HWY19 N HOLIDAY, FL 34691 US

Current Mailing Address:	**New Mailing Address:**
4754 US HWY 19 N NEW PORT RICHEY, FL 34652	2252 US HWY19 N HOLIDAY, FL 34691 US

FEI Number: 20-1617850   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

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

       Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: PATEL, MALTI Address: 296 TALL OAK TRAIL City-St-Zip: TARPON SPRINGS, FL 34688 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM ( ) Delete Name: SHAH, RAJUL R Address: 3117 FETLOCK COURT City-St-Zip: TARPON SPRINGS, FL 34688 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM ( ) Delete Name: SHAH, SMITA S Address: 304 TALL OAK TRAIL City-St-Zip: TARPON SPRINGS, FL 34688 US	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   02/24/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date