

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000068694	
1. Entity Name M & G RENTALS, L.L.C.	

Principal Place of Business 6015 HICKORY GROVE LANE PORT ORANGE FL 32128	Mailing Address 6015 HICKORY GROVE LANE PORT ORANGE FL 32128
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 80-0123123		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent	
STEVENSON, MARIE 6015 HICKORY GROVE LANE PORT ORANGE FL 32128	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent's signature required when terminating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE	☐ Delete
NAME	MGRM
STREET ADDRESS	STEVENSON, MARIE
CITY- ST- ZIP	6015 HICKORY GROVE LANE PORT ORANGE FL 32128
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

10. ADDITIONS / CHANGES	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U000000878922
CITY- ST- ZIP	04/14/08-80075-010 138.75
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mario Stevenson **3/27/2008** **631 (cell)**
828-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day to Print #