


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 049 ***138.75

DOCUMENT # L04000072985	
1. Entity Name MBS CONSULTING, LLC	

Principal Place of Business 1790 EAGLE RIDGE BOULEVARD PALM HARBOR, FL 34685	Mailing Address 1790 EAGLE RIDGE BOULEVARD PALM HARBOR, FL 34685
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50010302



2. Principal Place of Business - No P.O. Box # 15911 Countrybrook Street	3. Mailing Address P.O. Box 340487
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09012008 Chg-LLC CR2E083 (12/06)

City & State Tampa, FL	City & State Tampa, FL
Zip 33624	Country USA
Zip 33694	Country USA

4. FEI Number 20-1718516	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEIFERT, MARY B 1790 EAGLE RIDGE BOULEVARD PALM HARBOR, FL 34685	
7. Name and Address of New Registered Agent Name Mary Beth Lorton Street Address (P.O. Box Number is Not Acceptable) 15911 Countrybrook Street City Tampa FL Zip Code 33624	

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 Mary Beth Lorton (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORTON, MARY B 1790 EAGLE RIDGE BOULEVARD PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / MGR Lorton, Mary Beth 15911 Countrybrook Street Tampa, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kneeger, Allison 15911 Countrybrook Street Tampa, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Beth Lorton 9/05/2008 2: 727-224-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
1: 813-412-7897