

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088188

Entity Name: MBM SERVICES, LLC

FILED
Mar 09, 2005
Secretary of State

Current Principal Place of Business:

11352 MALLIE DAVIS ROAD
GLEN ST. MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

11352 MALLIE DAVIS ROAD
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 20-1991641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIXON, MARY S
11352 MALLIE DAVIS ROAD
GLEN ST. MARY, FL 32040 US

Name and Address of New Registered Agent:

MIXON, MARY S
11352 MALLIE DAVIS ROAD
GLEN ST. MARY, FL 32040 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: MARY S. MIXON

03/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MIXON, MARY S
Address: 11352 MALLIE DAVIS ROAD
City-St-Zip: GLEN ST. MARY, FL 32040

Title: MGRM () Delete
Name: MIXON, JAMES C
Address: 11352 MALLIE DAVIS ROAD
City-St-Zip: GLEN ST. MARY, FL 32040

Title: MGRM () Delete
Name: MIXON, TIMOTHY J
Address: 6097 BILL DAVIS ROAD
City-St-Zip: GLEN ST. MARY, FL 32040

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 for the exemption stated in Section 119.07(3)(i), 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: MARY S. MIXON

MGR

03/09/2005

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