
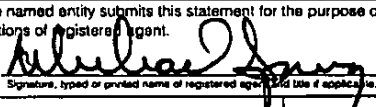
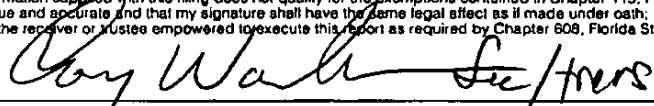


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

01-13-2006 90034 015 *****55.00

DOCUMENT # L05000008598 1. Entity Name MMS COMPANY, LLC					
Principal Place of Business 4061 SW 47 AVENUE FORT LAUDERDALE, FL 33314			Mailing Address 4061 SW 47 AVENUE FORT LAUDERDALE, FL 33314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2196389	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, AMY J ESQ 1700 EAST LAS OLAS BOULEVARD PH-1 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name MICHAEL SPRING Street Address (P.O. Box Number is Not Acceptable) 4061 S.W. 47th AVENUE City FORT LAUDERDALE FL Zip Code 33314	
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  DATE 1/9/06 <small>(NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRING, MARC 4061 SW 47 AVENUE FORT LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COREY WARSHAW 14828 ENCLAVE LAKES DRIVE DEER BEACH, FL 33484		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRING, MICHAEL 4061 SW 47 AVENUE FORT LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRING CHARETTE, STEPHANIE 4061 SW 47 AVENUE FORT LAUDERDALE, FL 33314	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		
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		
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 606, Florida Statutes. SIGNATURE:  DATE 1/8/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30000357





FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2006

MMS COMPANY, LLC
4061 SW 47 AVENUE
FORT LAUDERDALE, FL 33314

Subject: MMS COMPANY, LLC

Reference Number: **L05000008598**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION