2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 01, 2007
Secretary of State

DOCUMENT# L05000017100

Entity Name: M & N CONSULTING SERVICES,LLC

Current Principal Place of Business:

4443 RACHEL BLVD
SPRING HILL, FL 34607

New Principal Place of Business:

Current Mailing Address:

4443 RACHEL BLVD
SPRING HILL, FL 34607

New Mailing Address:

FEI Number: 20-2356454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PASMORE, MICHAEL B
4443 RACHEL BLVD
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

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:

Title: PRES ( ) Delete
Name: PASMORE, MICHAEL B
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: VP ( ) Delete
Name: PASMORE, NICOLE A
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: MEMB ( ) Delete
Name: PASMORE, JAKE J
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: MEMB ( ) Delete
Name: PASMORE, NICHOLAS M
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: MEMB ( ) Delete
Name: PASMORE, BROOKE N
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MEMB ( ) Change (X) Addition
Name: PASMORE, LUKE C
Address: 4443 RACHEL BLVD
City-St-Zip: SPRING HILL, FL 34607

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: MICHAEL B PASMORE PRES 09/01/2007

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