2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
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:	MEMB	( ) Delete
Name:	PASMORE, LUKE C	
Address:	4443 RACHEL BLVD	
City-St-Zip:	SPRING HILL, FL 34607	

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

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 01/07/2008

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