

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017100

FILED
Aug 03, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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

08/03/2009

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