

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

FILED
Feb 01, 2006 8:00 am
Secretary of State

01-12-2006 90036 043 ****50.00

DOCUMENT # L05000021396

1. Entity Name
MMS & CO., LLC



Principal Place of Business
**1507 BIRKDALE LANE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**1507 BIRKDALE LANE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

30000183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (11/05)

4. FEI Number

56-255-5978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCEIZO, MARGARET-MARY
1507 BIRKDALE LANE
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) -

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCEIZO, MARGARET MARY
1507 BIRKDALE LANE
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/05 904/273 2828