## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000021396** 

1. Entity Name MMS & CO., LLC



FILED Mar 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Malling Address

1507 BIRKDALE LANE, SUITE 101 PONTE VEDRA BEACH, FL 32082 1507 BIRKDALE LANE, SUITE 101 PONTE VEDRA BEACH, FL 32082



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
56-2555978			Not Applicab
5. Certificate of Status Desired		\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi De	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR SCEIZO, MARGARET MARY 1507 BIRKDALE LANE PONTE VEDRA BEACH, FL 32082		U00000653735 03/13/07-80034-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U3/13/U7-8UU34-U17 5U.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NTILE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited list	certify that the information supplied with this filling does not to this report is true and accurate and that my signature sability company or the receiver or trustee empowered to exp	quelify for the exemptions contained in Chapter 1 half have the same legal effect as if made under code this report as required by Chapter 608, Florid	<ol> <li>Florida Statutes. I further certify that the information ath, that I am a managing member or manager of the la Statutes.</li> </ol>