

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025276

Entity Name: MS, DM & BL, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

3101 WEST US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

3101 WEST US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 90-0220910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYLES, DEBORAH S
3101 WEST US HIGHWAY 90, SUITE 101
LAKE CITY, FL 32055 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: MGRM () Delete
Name: MYLES, DEBORAH S
Address: 3101 WEST US HIGHWAY 90, SUITE 101
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: LUNDE, BLAKE N II
Address: 3101 WEST US HIGHWAY 90, SUITE 101
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: STREICHER, MICHAEL
Address: 3101 WEST US HIGHWAY 90, SUITE 101
City-St-Zip: LAKE CITY, FL 32055

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:

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: DEBORAH S. MYLES

MGRM

03/12/2009

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