

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089075

FILED
Aug 09, 2006
Secretary of State

Entity Name: MANAGEMENT & SERVICES, LLC

Current Principal Place of Business:

2450 GREENBRIER CT
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX # 550430
FT. LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: 42-1681976 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:

Name and Address of New Registered Agent:

APONTE, JOSE M
2450 GREENBRIER CT
WESTON, FL 33327 US

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: MGR () Delete
Name: APONTE, JOSE M
Address: 2450 GREENBRIER CT
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: CARRASQUILLO, MARISOL
Address: 2450 GREENBRIER CT
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: APONTE, DALLY A
Address: 2450 GREENBRIER CT
City-St-Zip: WESTON, FL 33327

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 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: JOSE M APONTE

MGR

08/09/2006

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