2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000102798

Entity Name: MMSS, LLC

Current Principal Place of Business:

1419 WEST WATERS AVE
114
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

8244 MALVERN CIRCLE
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 87-0755443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, SELENA S
1419 WEST WATERS AVENUE
114
TAMPA, FL 33612 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:	MGR	( ) Delete
Name:	LEWIS, SELENA S	
Address:	1419 WEST WATERS AVENUE, SUITE 114	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	PRES	( ) Delete
Name:	LEWIS, MARLON A	
Address:	8244 MALVERN CIRCLE	
City-St-Zip:	TAMPA, FL 33634 US	
Title:	VP	( ) Delete
Name:	LEWIS, SELENA S	
Address:	1419 WEST WATERS AVENUE, SUITE 114	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	SECY	( ) Delete
Name:	LEWIS, MARJORIE D	
Address:	8244 MALVERN CIRCLE	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	TRES	( ) Delete
Name:	LEWIS, SIERRA A	
Address:	8244 MALVERN CIRCLE	
City-St-Zip:	TAMPA, FL 33634 US	

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:	
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: SELENA LEWIS MGR 04/26/2007

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