

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000017394 1. Entity Name MVS, LLC	
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Principal Place of Business 1324 N. CIRCUS TERRACE HERNANDO, FL 34442 US	Mailing Address 1324 N. CIRCUS TERRACE HERNANDO, FL 34442 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 87-0766476	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHANDRUPATLA, SREEKANTH 1700 NORTH JIMMIE FOXX PATH HERNANDO, FL 34442

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000920703
05/14/08-80055-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAHAM, SUNOJ 1324 N. CIRCUS TERRACE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANDRUPATLA, SREEKANTH 1700 NORTH JIMMIE FOXX PATH HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLACASTIN, ALEX 2820 WEST LANTANA DR BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIEMATH, UDAY 2885 NORTH OSPREY COVE PT LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE	4/22/08 Date	352-583-2950 Daytime Phone #
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