2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050395

SIGNATURE AND THEED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

1. Entity Name MIS 56, LLC



Principal Place of Business 12220 CORTEZ BLVD BROOKSVILLE, FL 34613-2631 Mailing Address

12220 CORTEZ BLVD BROOKSVILLE, FL 34613-2631

FILED May 21, 2008 8:00 am Secretary of State

05-21-2008 90206 014 ***143.75



04232008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number	Applied For	
NOT APPLICABLE ,	Not Applicable	е
5. Certificate of Status Desired	\$5.00 Additional Fee Required	_

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

4.28-08

Daytime Phone #

	.l. RTEZ BLVD /ILLE, FL 34613-2631	DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title if applicable NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	(NOTE, Registered Agent signature required when reinstating) DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR SALEH, M.1. 12220 CORTEZ BLVD BROOKSVILLE, FL 346132631	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
indicated	on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.