



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90365 032 ****55.00

DOCUMENT # L06000054254					
1. Entity Name THE M'S COMPANY, LLC					
Principal Place of Business 1971 W. Lumsden Rd. Suite 248 Brandon, FL 33511			Mailing Address 1971 W. Lumsden Rd. Suite 248 Brandon, FL 33511		
2. Principal Place of Business - No P.O. Box # 1971 W. Lumsden Rd.		3. Mailing Address 1971 W. Lumsden Rd.			
Suite, Apt. #, etc. 248		Suite, Apt. #, etc. 248			
City & State Brandon, FL		City & State Brandon, FL			
Zip 33511		Zip 33511			
Country USA		Country USA		02082007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4958690				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENNEY, MICHAEL D SR 11562 CAPTIVA KAY DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOAH, MICHAEL W 7521 HEATHMORE PLACE, APT. 102 GERMANTOWN, TN 38138	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENNEY, SARAH 7202 KINGSBURY CIRCLE TAMPA, FL 33610	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sarah P. Denney</u>		Date: <u>4/19/07</u>		Daytime Phone #: <u>813477-6769</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					