

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075780

Entity Name: M-N-T ENTERPRISES, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

14425 INNERARITY POINT ROAD
PENSACOLA, FL 32507

New Principal Place of Business:

6372 RAMBLER DRIVE
PENSACOLA, FL 32505

Current Mailing Address:

14425 INNERARITY POINT ROAD
PENSACOLA, FL 32507

New Mailing Address:

6372 RAMBLER DRIVE
PENSACOLA, FL 32505

FEI Number: 11-3786499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: MGRM () Delete
Name: WALLER, MICHAEL G
Address: 301 MIZZEN LANE
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: HEDGES, TRACIE R
Address: 14425 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HEDGES, GREGORY A
Address: 14425 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

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: TRACIE R. HEDGES

MRS.

04/30/2008

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