2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# L06000107294

Entity Name: MEDIATION SPECIALISTS, LLC

Current Principal Place of Business:

6619 THOROUGHBRED LOOP
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

6619 THOROUGHBRED LOOP
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 76-0850475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIKOWITZ, M LYNN P
6619 THOROUGHBRED LOOP
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

POPE, M LYNN
6619 THOROUGHBRED LOOP
ODESSA, FL 33556 US

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: M. LYNN POPE 02/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MM ( ) Delete
Name: BIKOWITZ, M LYNN P
Address: 6619 THOROUGHBRED LOOP
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition
Name: POPE, M LYNN
Address: 6619 THOROUGHBRED LOOP
City-St-Zip: ODESSA, FL 33556 US

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: M. LYNN POPE MGRM 02/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date