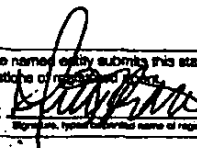


FILED
May 31, 2007 8:00 am
Secretary of State

04-19-2007 90035 021 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000108992			
1. Entity Name M & C SERVICES LLC			
Principal Place of Business 13652 TRAMORE DR ODESSA, FL 33556 US		Mailing Address 13652 TRAMORE DR ODESSA, FL 33556 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8788027		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEPEDA, LUIS G 1951 SW PANTHER TRACE STUART, FL 34997		7. Name and Address of New Registered Agent Name: Ruth Menendez Street Address (P.O. Box Number is Not Acceptable) 13652 TRAMORE DR City: ODESSA FL Zip Code: 33556	
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: 		DATE: _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
B. MANAGING MEMBERS / MANAGERS		C. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDEZ, RUTH 13652 TRAMORE DRIVE ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARQUEL JULIO R MENDEZ 13652 TRAMORE DR ODESSA FL 33556 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDEZ, JULIO E 13652 TRAMORE DRIVE ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENDEZ, EDUARDO E 13652 TRAMORE DRIVE ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date: 4/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	