


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000120330</b> 1. Entity Name MG&S, LLC	
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Principal Place of Business 10399 STONEBRIDGE BLVD BOCA RATON, FL 33498	Mailing Address 10399 STONEBRIDGE BLVD BOCA RATON, FL 33498
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-LLC

CR2E083 (12/07)

4. FE Number 87-0791136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, WILLIAM  
10399 STONEBRIDGE BLVD  
BOCA RATON, FL 33498

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000851135  
03/25/08-80027-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GRAY, WILLIAM 10399 STONEBRIDGE BLVD BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCVEY, KELLY 10399 STONEBRIDGE BLVD BOCA RATON, FL 33498
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IN THIS SPACE**

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:** KAMcVey **3/4/08** **561-487-3441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #