

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015998

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MUTUAL MANAGEMENT SERVICES, LLC.

**Current Principal Place of Business:**

18751 N.W. 84 PLACE  
SUITE, 505  
MIAMI, FL 33015

**New Principal Place of Business:**

6447 MIAMI LAKES DR. EAST  
SUITE, 200C  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

18751 N.W. 84 PLACE  
SUITE, 505  
MIAMI, FL 33015

**New Mailing Address:**

6447 MIAMI LAKES DR. EAST  
SUITE, 200C  
MIAMI LAKES, FL 33014

FEI Number: 41-2268887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTIZ, RAFAEL C  
18751 N.W. 84 PLACE  
SUITE, 505  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

ORTIZ, RAFAEL C  
6447 MIAMI LAKES DR. EAST  
SUITE, 200C  
MIAMI LAKES, FL 33014 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: RAFAEL ORTIZ

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ORTIZ, RAFAEL C  
Address: 18751 N.W. 84 PLACE SUITE, 505  
City-St-Zip: MIAMI, FL 33015 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ORTIZ, RAFAEL C  
Address: 6447 MIAMI LAKES DR. EAST #200C  
City-St-Zip: MIAMI LAKES, FL 33014 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: RAFAEL C. ORTIZ

MGR

01/15/2009

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