

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109372

FILED
Aug 31, 2009
Secretary of State

Entity Name: MUNICIPAL MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

605 15TH AVE. DR. E.
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

605 15TH AVE. DR. E.
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 26-3803931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUKOWIAK, CHRISTOPHER
605 15TH AVE. DR. E.
PALMETTO, FL 34221 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: LUKOWIAK, TANYA L
Address: 605 15TH AVE. DR. E.
City-St-Zip: PALMETTO, FL 34221 US

Title: MGR () Delete
Name: LUKOWIAK, CHRISTOPHER
Address: 605 15TH AVE. DR. E.
City-St-Zip: PALMETTO, FL 34221 US

Title: MGR () Delete
Name: SCHMITT, ROBERT M
Address: 11810 SUMMER MEADOW DRIVE
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES:

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

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

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

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: CHRISTOPHER LUKOWIAK

MR.

08/31/2009

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