

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096234

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** MFM SERVICES, LLC

**Current Principal Place of Business:**

11344 AVERY DR  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

731 DUVAL STATION RD  
SUITE 107-231  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:** 27-1028116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MATHIS & MURPHY, PA  
1200 RIVERPLACE BLVD., SUITE 902  
JACKSONVILLE, FL 32207 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  
**Name:** REESE, TAMARA  
**Address:** 11344 AVERY DR  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGRM  
**Name:** REESE, QUINCY  
**Address:** 11344 AVERY DR  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

I hereby 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:** LAURIE M. LEE, ESQ.

ATTY

03/01/2012

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