

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002848

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** MANAGEMENT & INDUSTRIAL SERVICES, L.C.

**Current Principal Place of Business:**

4900 GODFREY ROAD  
CORAL SPRINGS, FL 330674147

**New Principal Place of Business:**

4900 GODFREY ROAD  
PARKLAND, FL 330674147

**Current Mailing Address:**

4900 GODFREY ROAD  
CORAL SPRINGS, FL 330674147

**New Mailing Address:**

4900 GODFREY ROAD  
PARKLAND, FL 330674147

FEI Number: 65-0879486      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:**

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

DOVER, WILLARD D  
NILES, DOBBINS, MEEKS, RALEIGH & DOVER  
2601 E. OAKLAND PARK BLVD., SUITE 400  
FORT LAUDERDALE, FL 33306 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KELLY, DAVID E  
Address: 4900 GODFREY ROAD  
City-St-Zip: CORAL SPRINGS, FL 330674147

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KELLY, DAVID E  
Address: 4900 GODFREY ROAD  
City-St-Zip: PARKLAND, FL 330674147

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: DAVID E. KELLY

MGR

07/02/2007

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