

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000975

Entity Name: ZMM SERVICES, LLC

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

15802 AMBERLY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15802 AMBERLY DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-1644965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR
3073 HORSESHOE DRIVE SOUTH, SUITE 210
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 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: LOUIS M. MEINERS, JR.

03/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURRAY, MICHAEL
Address: 15802 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: MELECH, PAUL
Address: 15802 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: ZIELENBACH, JOHN
Address: 15802 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

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 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: JOHN ZIELENBACH

MGRM

03/14/2007

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