

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002241

Entity Name: M L SERVICES LLC

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

5584 POWELL SULLIVAN ROAD  
FRANKLIN, TN 37064

**New Principal Place of Business:**

**Current Mailing Address:**

5584 POWELL SULLIVAN ROAD  
FRANKLIN, TN 37064

**New Mailing Address:**

FEI Number: 56-2563234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENNETT, JEFFREY  
1664 NW 36 COURT  
OAKLAND PARK, FL 33309 US

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

MANGRUM, MICHAEL  
1310 SOPHIE BLVD  
ORLANDO, FL 32828 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: MICHAEL MANGRUM

04/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BENNETT, JEFFREY  
Address: 5584 POWELL SULLIVAN ROAD  
City-St-Zip: FRANKLIN, TN 37064

Title: MGRM (X) Delete  
Name: MANGRUM, MICHAEL  
Address: 5584 POWELL SULLIVAN ROAD  
City-St-Zip: FRANKLIN, TN 37064

**ADDITIONS/CHANGES:**

Title: MEMB (X) Change ( ) Addition  
Name: MANGRUM, MICHAEL  
Address: 5584 POWELL SULLIVAN ROAD  
City-St-Zip: FRANKLIN, TN 37064

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: MICHAEL MANGRUM

MEMB

04/26/2007

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