

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # M06000005601

1. Entity Name
LMP SERVICES, L.L.C.



Principal Place of Business
**470 SATELLITE BLVD NE, STE N
SUWANNE, GA 30024**

Mailing Address
**470 SATELLITE BLVD NE, STE N
SUWANNE, GA 30024**



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1399973

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEE, CAROL T
1575 HUNTS LANE
BOWLING GREEN, KY 42101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEE, DAVID R
25 GOSHEN
FRANKFORT, KY 40601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEE, WILLIS A
2292 CARDWELL LANE
FRANKFORT, KY 40601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEE, BARRY S
5150 CADIZ ROAD
HOPKINSVILLE, KY 42240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEE, JOHN B
2284 CARDWELL LANE
FRANKFORT, KY 40601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/01/07-80006-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Barry S. Lee **Barry S. Lee**

2/1/07 **270-886-6696**