## M0100001398

(Requestor's Name)		
(Address)		
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(Address)		
· · ·		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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T. CLINE
OCT 2 6 2011
EXAMNER

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: EMS Land Se		<del></del>		
Name of Foreign Limited	Liability Company			
Dear Sir or Madam:				
The enclosed Affidavit by Foreign Limited Liabi Managing Member(s) and fee(s) are submitted for		ager(s) or		
Please return all correspondence concerning this	matter to the following:			
Destiny Wenning				
Name of Person				
Energy Management & Services Co	) <u>.                                    </u>			
Firm/Company		150 SEC. 100		
109 Fieldview Drive		I OCT	ZOILOCT 25 MAIO 05	
· Address		25 SSI SSI	ing parameter	
Versailles, Kentucky 40383		OF FE	, efans	
City/State and Zip Code			پ <b>جستان</b> 1 سهبرا	
dwenning@emseng.com				
E-mail address: (to be used for future annua	report notification)	, <b>4</b>		
	,			
For further information concerning this matter, p	ease call:			
Destiny Wenning at (859	873-0076			
Name of Person Area C	ode and Daytime Telephone I	Number		
STREET/COURIER ADDRESS:	MAILING ADDDESS.			
Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:	_			
	5.00 Filing Fee & Soft Stiling Fee & Certificate of Soft Certified Copy	Status &		

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is: Ef	y as it appears on the records of the Florida  MS Land Services, LLC .
2. This entity was formed under the laws of	
3. This entity was authorized to transact bus and its Florida document/registration numbe	
4. The name and address of each manager o	r managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	C. Shane Honn 109 Fieldview Drive Versailles, Kentucky 40383
	SECRE AAS
	25 Millor 06 ARY DF STATE SSEE. FLORIDA
Required Signature: Signature of Manager	Managing Member or Member

Filing Fee: \$25