2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047203

Entity Name: V.F.S. SERVICES, LLC

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4704 WALDEN CIRCLE, APT. 1932 6129 RALEIGH ST. - APT. 808 ORLANDO, FL 32811 US ORLANDO, FL 32835 US

Current Mailing Address: New Mailing Address:

4704 WALDEN CIRCLE, APT. 1932 6129 RALEIGH ST. - APT. 808 ORLANDO, FL 32811 US 0RLANDO, FL 32835 US

FEI Number: 20-0419080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LARSON ACCOUNTING & CONSULTING SERVICES 8818 COMMODITY CIR STE 40 ORLANDO, FL 32819 US LARSON ACCOUNTING & CONSULTING SERVICES 8810 COMMODITY CIR STE 17 ORLANDO, FL 32819 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: CAROLINE LARSON 02/11/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P () Delete Title: () Change () Addition

 Name:
 OLIVEIRA, VICTOR M
 Name:

 Address:
 4704 WALDEN CIRCLE, APT. 1932
 Address:

 City-St-Zip:
 ORLANDO, FL 32811 US
 City-St-Zip:

Title: VP () Change (X) Addition

 Name:
 Name:
 DOS REIS, AGUINALDO

 Address:
 6129 RALEIGH ST. - APT. 808

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32835 US

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: AGUINALDO DOS REIS VP 02/11/2009