

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State



DOCUMENT # L03000055970

1. Entity Name
COUNTRYSIDE SERVICES, LLC

Principal Place of Business 2701 PARK DRIVE, SUITE #4 CLEARWATER FL 33763	Mailing Address 2701 PARK DRIVE, SUITE #4 CLEARWATER FL 33763
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 20-0584721	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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: *Chuck Bromboz* DATE: 1-22-07

Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGR BROMBOZ, VICKI 2701 PARK DRIVE, SUITE #4 CLEARWATER FL 33763		U00000604992 01/30/07-80018-015 50.00
	S BROMBOZ, JONATHAN J 2701 PARK DRIVE, SUITE #4 CLEARWATER FL 33763		
	T BROMBOZ, VICKI 2701 PARK DRIVE, SUITE #4 CLEARWATER FL 33763		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Chuck Bromboz* DATE: 1-22-07 PHONE: 127-712-3837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #