

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023232

FILED
Apr 08, 2007
Secretary of State

Entity Name: INTER FLORIDA SERVICES, LLC.

Current Principal Place of Business:

8101 CAMINO REAL
SUITE C317
MIAMI, FL 33143

New Principal Place of Business:

6807 SW 13 ST
MIAMI, FL 33144

Current Mailing Address:

8101 CAMINO REAL
SUITE C317
MIAMI, FL 33143

New Mailing Address:

6807 SW 13 ST
MIAMI, FL 33144

FEI Number: 30-0238205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOZA, RICARDO A
8101 CAMINO REAL
SUITE C317
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

ESPINOZA, RICARDO A
5798 SW 59 AVE.
MIAMI, FL 33143 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:

04/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DPS () Delete
Name: ESPINOZA, CHRISTIAN A
Address: 8101 CAMINO REAL, SUITE C317
City-St-Zip: MIAMI, FL 33143

Title: DVPT () Delete
Name: ESPINOZA, RICARDO A
Address: 8101 CAMINO REAL, SUITE C317
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: DPS (X) Change () Addition
Name: ESPINOZA, CHRISTIAN A
Address: 6807 SW 13 ST
City-St-Zip: MIAMI, FL 33144

Title: DVPT (X) Change () Addition
Name: ESPINOZA, RICARDO A
Address: 5798 SW 59 AVE
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTIAN A. ESPINOZA

DPS

04/08/2007

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