

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012741

FILED
Apr 26, 2008
Secretary of State

Entity Name: MOBILE ASSURANCE SERVICES LLC

Current Principal Place of Business:

1851 N.W. 125TH AVENUE
SUITE 329
PEMBROKE PINES, FL 333028

New Principal Place of Business:

16428 SAPPHERE PL
WESTON, FL 33331

Current Mailing Address:

1851 N.W. 125TH AVENUE
SUITE 329
PEMBROKE PINES, FL 333028

New Mailing Address:

18331 PINES BLVD.
242
PEMBROKE PINES, FL 33029

FEI Number: 20-4248836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERICHI, EUGENIO M
16428 SAPPHERE PL
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PERICHI, EUGENIO M
Address: 16428 SAPPHERE PL
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: VALENCIA, ANA C
Address: 16428 SAPPHERE PL
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EUGENIO PERICHI

MGR

04/26/2008

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