

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068428

**FILED  
Feb 17, 2010  
Secretary of State**

**Entity Name:** CALMA MULTI SERVICES,LLC

**Current Principal Place of Business:**

1941 SOUTH MILITARY TR  
13 A & B  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

1941 SOUTH MILITARY TR  
13 B  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

1383 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

GABRIEL, WILLIE C  
1941 SOUTH MILITARY TR  
13 A & B  
WEST PALM BEACH, FL 33415 US

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

GABRIEL, WILLIE C  
1941 SOUTH MILITARY TR  
13 B  
WEST PALM BEACH, FL 33415 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: \_\_\_\_\_ 02/17/2010  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GABRIEL, WILLIE C SR  
Address: 1383 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP  
Name: GABRIEL, MICHAELLE M  
Address: 1383 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ASSM  
Name: DREPSON, JACQUES  
Address: 1819 MERCER AVE  
City-St-Zip: WEST PALM BEACH, FL USA

I hereby 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: WILLIEC GABRIEL                      OWNE                      02/17/2010  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date