

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000001192 1. Entity Name NEW YORK MANAGEMENT SERVICES L.L.C.	
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Principal Place of Business 25068 EAST COLONIAL DRIVE CHRISTMAS, FL 32709	Mailing Address P. O. BOX 1083 CHRISTMAS, FL 32709
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 61-1406472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIORIO, MARCO
20655 NEWBY STREET
ORLANDO, FL 32833

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000803995
 02/05/08-80048-019 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROBERTI, JOHN P. O. BOX 1083 CHRISTMAS, FL 32709
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **1-11-08** **407568-1615**

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