

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90461 029 \*\*\*\*\*55.00

**DOCUMENT # L06000024760**

1. Entity Name

**ADDITIONAL SERVICES, LLC**



Principal Place of Business

**4533 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146**

Mailing Address

**4533 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUARCH, J.M. JR ESQ  
ARAN CORREA GUARCH & SHAPIRO P.A.  
255 UNIVERSITY DRIVE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Javier Font**

Street Address (P.O. Box Number is Not Acceptable)

**Additional Services, LLC**

**4533 Ponce De Leon Blvd.**

City

**Coral Gables**

FL

Zip Code

**33146**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/26/2007**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR**

**FONT, JAVIER**

**4533 PONCE DE LEON BLVD.**

**CORAL GABLES FL 33146**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/26/2007 (305) 740-5442**

Date

Daytime Phone #