

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 SEP 21 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000002466

1. Entity Name
SBP SERVICES LLC



Principal Place of Business
11 ALPHA ROAD
CHELMSFORD, MA 01824

Mailing Address
11 ALPHA ROAD
CHELMSFORD, MA 01824



07272007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-4792330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLACK, DANIEL
STREET ADDRESS	405 PARK AVE., SUITE 702
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	DIAMOND, BRENT
STREET ADDRESS	100 BROADWAY, 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	MGR
NAME	FAZIO, CARL
STREET ADDRESS	100 BROADWAY, 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Carl Fazio

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

Date

Daytime Phone #