

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023471

FILED
Apr 08, 2008
Secretary of State

Entity Name: EXPEDIENT NOTARY SERVICE LLC

Current Principal Place of Business:

15815 SW 102ND STREET
MIAMI, FL 33196

New Principal Place of Business:

9117 SW 153RD PASSAGE
MIAMI, FL 33196

Current Mailing Address:

15815 SW 102ND STREET
MIAMI, FL 33196

New Mailing Address:

9117 SW 153RD PASSAGE
MIAMI, FL 33196

FEI Number: 65-1119625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZQUIERDO, CECILIA
15815 SW 102 STREET
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

IZQUIERDO, CECILIA
9117 SW 153RD PASSAGE
MIAMI, FL 33196 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: CECILIA IZQUIERDO

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IZQUIERDO, CECILIA
Address: 15815 SW 102ND STREET
City-St-Zip: MIAMI, FL 33196

Title: MGR () Delete
Name: GARCIA, CINTYA H
Address: 15815 SW 102ND STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IZQUIERDO, CECILIA
Address: 9117 SW 153RD PASSAGE
City-St-Zip: MIAMI, FL 33196

Title: MGR (X) Change () Addition
Name: GARCIA, CINTYA H
Address: 831 NW 127 COURT
City-St-Zip: MIAMI, FL 33182

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: CECILIA IZQUIERDO

MGR

04/08/2008

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