2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90023 048 ****50.00

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1. Entity Name
UNITED COMPLIANCE SERVICES, LC

Principal Place of Business	Mailing Address
615 LEFFINGWELL AVE. ELLENTON, FL 34222 US	615 LEFFINGWELL AVE. ELLENTON, FL 34222 US

04142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
311 CARLYLE BLVD,	311 CARLYLE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RUSKIN, FL	City & State: RUSKIN, FL
Zip / Country	Zip / Country: Hillsborough

4. FEI Number: 65-1052763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, ELIZABETH S
615 LEFFINGSWELL AVE.
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name: Elizabeth S. Andrews
Street Address (P.O. Box Number is Not Acceptable): 311 CARLYLE BLVD
City: RUSKIN FL Zip Code

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: Elizabeth S. Andrews 4/14/06
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, ELIZABETH S 615 LEFFINGWELL ELLENTON, FL 34222	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: Elizabeth S. Andrews, Elizabeth S. Andrews 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #