
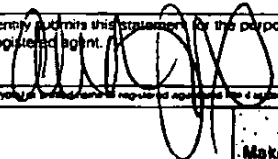
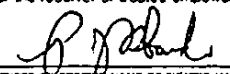


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2/ Mar 23, 2006 8:00 am
Secretary of State

02-09-2006 90151 012 ****55.00

DOCUMENT # L01000005138			
1. Entity Name US SERVICES, LLC			
Principal Place of Business 351 EAST STATE ROAD 434 WINTER SPRINGS FL 32708		Mailing Address PO BOX 195538 WINTER SPRINGS FL 32719-5538	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3709354		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 KOELBLE, BOB 318 ARAPAHO TRAIL WINTER SPRINGS FL 32708		7. Name and Address of New Registered Agent Name AMANDA JACOBSON Street Address (P.O. Box Number is Not Acceptable) 351 E. STATE ROAD 434 City WINTER SPRINGS FL Zip Code 32708	
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 		DATE 1/23/06	
<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State.</p> <p>Due By May 1, 2006</p>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOB KOELBLE 318 ARAPAHO TRAIL WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER ADAM JACOBSON 222 EMORY PLACE ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMANDA JACOBSON <input type="checkbox"/> Delete 351 E. STATE RD 434 WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 1/23/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



ATTACHMENT

30003030

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

US SERVICES, LLC
PO BOX 195538
WINTER SPRINGS, FL 32719-5538

Subject: **US SERVICES, LLC**

Reference Number: **L01000005136**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION