


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90059 012 \*\*\*\*50.00

<b>DOCUMENT # L01000020428</b>	
1. Entity Name <b>FIDELITY SERVICE, LLC</b>	

Principal Place of Business <b>2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309</b>
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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

60044115

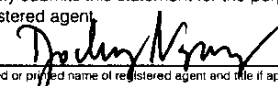


04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>30-0144819</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, JAMES A 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		Name <b>Nguyen, Doquyen T.</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		2100 West Cypress Creek Road	
		City <b>Fort Lauderdale</b>	FL Zip Code <b>33309</b>

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 	DoQuyen T. Nguyen 4/26/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JAMES A <input checked="" type="checkbox"/> Delete 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Toalson, Valerie C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Levan, Alan B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309
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
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 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.

<b>SIGNATURE:</b> 	Valerie C. Toalson, Manager 4/27/07 954-940-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	