2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# L01000022380

Entity Name: CAPITAL SERVICE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1045 E. ATLANTIC AVE., STE. 214 DELRAY BEACH, FL 33447	1045 E. ATLANTIC AVE., STE. 214 DELRAY BEACH, FL 33483

Current Mailing Address:	**New Mailing Address:**
1045 E. ATLANTIC AVE., STE. 214 DELRAY BEACH, FL 33447	1045 E. ATLANTIC AVE., STE. 214 DELRAY BEACH, FL 33483

FEI Number: 98-0002514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ANELLA, JAMES 1045 E. ATLANTIC AVE., STE. 214 DELRAY BEACH, FL 33447 US	ANELLA, JAMES 1045 E. ATLANTIC AVE., STE. 214 DELRAY BEACH, FL 33483 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: 09/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	AMELLA, JAMES	Name:	
Address:	1045 E ATLANTIC DR #214	Address:	
City-St-Zip:	DELRAY BEACH, FL 33483	City-St-Zip:	

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: JAMES ANELLA MM 09/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date