


LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # LO2000015591	
1. Entity Name Circle Services, LLC	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 18 PM 3:33

CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box # 3212 S. Gate Cir.	3. Mailing Address Same
Suite, Apt. #, ect.	Suite, Apt. #, ect.

City & State Sarasota, FL	City & State
Zip 34239	Country


4. FEI Number 01-0718503	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Iwona Sykutera	
Street Address (P.O. Box Number is Not Acceptable) 8264 Shadow Pine Way	
City Sarasota	FL Zip Code 34238

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 5-15-2011
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<p>January 1 - May 1 Fee is \$138.75 After May 1, Fee is \$538.75 Amended AR is \$50.00 Make Check Payable to Florida Department of State</p>	<p>E-mail Address:</p> <p>To be used for future annual report notices</p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM IWONA SYKUTERA 8264 Shadow Pine Way SARASOTA FL- 34238
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10. 700207874237 05/19/11--01003--009 **138.75
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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 	DATE 5-15-2011
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone#