


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90104 038 \*\*\*\*\*50.00

<b>DOCUMENT # L02000021010</b> 1. Entity Name <b>A-1 PROPERTY MANAGEMENT SERVICE, LLC</b>					
Principal Place of Business <b>4348 19TH PL SW NAPLES, FL 34116</b>				Mailing Address <b>4348 19TH PL SW NAPLES, FL 34116</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TIRADO, JOSE A 4348 19TH PL. SW NAPLES, FL 34116</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		<i>Previously Remitted</i>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	P. TIRADO, JOSE A	4348 19TH PL SW	NAPLES, FL 34116		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>X [Signature]</i> <b>Jose Tirado</b> <i>X 5/2/05</i> (239) <i>X 513-9705</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					