

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # L02000021042

1. Entity Name
LARGO SERVICES, LLC



Principal Place of Business
**428 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118**

Mailing Address
**428 N. HALIFAX AVE.
DAYTONA BEACH, FL 32118**



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1622305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WERCHOLUK, RICHARD
428 N. HALIFAX AVE.
DAYTONA BEACH, FL 32111-8**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, LAWRENCE J 59 DAVENTRY HILL AVON, CT 06001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, STUART A 67 PROSPECT AVE. WEST HARTFORD, CT 06107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPERNY, SUSAN 94 BRENTWOOD DR GLASTONBURY, CT 06033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WERCHOLUK, AMANDA L 10 BROADWATER DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARGO MANAGEMENT SERVICES, LLC 10 BROADWATER DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80016-003 50.00

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard Werchuluk 4-25-07 396 846 3147