


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001292	
1. Entity Name MANAGEMENT SERVICES COMPANY, LLC	

Principal Place of Business 7300 CORPORATE CENTER DR., STE. 304 MIAMI, FL 33126	Mailing Address PO BOX 526325 MIAMI, FL 33152
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1168154	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  ALFARO, BETTY 7300 CORPORATE CENTER DR., STE. 304 MIAMI, FL 33126
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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 May 1, 2007**

1100000681429  
04/04/07-80044-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNAL, MAURICIO 7300 CORPORATE CENTER DR., STE. 304 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR MCDOWELL, NORA 7300 CORPORATE CENTER DR., STE. 304 MIAMI, FL 33126</del> <i>Delete</i>
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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.

**SIGNATURE:**  **03-23-07 7868452500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
*Mauricio Bernal*