


# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**

2006 MAR -7 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000001512 1. Entity Name  LANT HOLDINGS SERVICES, LLC	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4109 Marlow Loop Suite, Apt. #, etc.		3. Mailing Address P.O.Box 897 Suite, Apt. #, etc.	
City & State Land O Lakes, Florida		City & State Land O Lakes, Florida	
Zip 34639	Country	Zip 34639	Country

*[Signature]*

DO NOT WRITE IN THIS SPACE

4. FEI Number 010763447		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)	
1840 Coral Way, 4th Floor	
City	Miami
FL	Zip Code 33145

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

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operating Manager Debora Kelley 4109 Marlow Loop, Land O Lakes, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600068105396 03/20/06--01020--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Operating Manager Brian Kelly 4109 Marlow Loop, Land O Lakes, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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>Debora Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Debora Kelley	3/03/06	813-235-9220
		Date	Daytime Phone #