

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024511

1. Entity Name
U.S. DELIVERY SERVICES, LLC



Principal Place of Business
16116 MUIRFIELD DRIVE
ODESSA, FL 33556 US

Mailing Address
16116 MUIRFIELD DRIVE
ODESSA, FL 33556 US



04142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1070461	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SANNE, CRAIG W
16116 MUIRFIELD DRIVE
ODESSA, FL 33556

**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

U000000724168

05/02/07-80098-025 50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SANNE, CRAIG W
STREET ADDRESS	16116 MUIRFIELD DRIVE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	MGRM
NAME	SYMULEVICH, MARGARET
STREET ADDRESS	14122 STONEGATE DRIVE
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	MGRM
NAME	SYMULEVICH, HENRY
STREET ADDRESS	14122 STONEGATE DRIVE
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	MGRM
NAME	SANNE, YUPA A
STREET ADDRESS	16116 MUIRFIELD DRIVE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

CRAIG W. SANNE

4/14/2007

Date

727-372-7770

Daytime Phone #