## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051462

Entity Name: EAGLE MANAGEMENT SVCS LLC

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

490 NORTH ST 211 NORTHSTAR CT SUITE 124 SANFORD, FL 32771

LONGWOOD, FL 32750

**New Mailing Address: Current Mailing Address:** 

490 NORTH ST 211 NORTHSTAR CT SUITE 124 SANFORD, FL 32771 LONGWOOD, FL 32750

FEI Number: 20-0459136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROY, VIVIAN L ROY, VIVIAN L 490 NORTH ST 211 NORTHSTAR CT US SUITE 124 SANFORD, FL 32771

LONGWOOD, FL 32750 US

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.

SIGNATURE: VIVIAN L ROY 04/26/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change ( ) Addition ROY, VIVIAN L ROY, VIVIAN L Name: Name: 490 NORTH ST Address: 211 NORTHSTAR CT Address:

City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

BLANCHETTE, GEORGE A Name: BLANCHETTE, GEORGE A Name: Address: 490 NORTH ST Address: 211 NORTHSTAR CT City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

ROY, CHANTAL C Name: ROY, CHANTAL C Name: 211 NORTHSTAR CT Address: 490 NORTH ST Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIVIAN L ROY **PRES** 04/26/2006