2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055970

1. Entity Name
COUNTRYSIDE SERVICES, LLC

Principal Place of Business	Mailing Address
2701 PARK DRIVE, SUITE #4 CLEARWATER, FL 33763	2701 PARK DRIVE, SUITE #4 CLEARWATER, FL 33763

DO NOT WRITE IN THIS SPACE

01072006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0584721	Not Applicable

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

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6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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_____

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROMBOZ, VICKI
STREET ADDRESS	2701 PARK DRIVE, SUITE #4
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	S
NAME	BROMBOZ, JONATHAN J
STREET ADDRESS	2701 PARK DRIVE, SUITE #4
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	T
NAME	BROMBOZ, VICKI
STREET ADDRESS	2701 PARK DRIVE, SUITE #4
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #