

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-25-2008 90085 044 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000055970

1. Entity Name
COUNTRYSIDE SERVICES, LLC



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

Mailing Address
2701 PARK DRIVE, SUITE #4
CLEARWATER, FL 33763

30001232



01242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0584721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

Vicki Bromboz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-29-08 727-712-3837