Amended
2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L04000003945

5/18/2005-90245-013-\$50.00-\$50.00

DIVISION	TLEU PY OF STATE ORIGIO:IS
05 DEC -1	ORATIO:IS
- 0-6-1	AM 10: 35

1. Entity Nam S.L REAL	. ESTATE SERVICES, LL	.C			051	DEC-1 A	OF STATE	ī Dis	
Principal Plac	ce of Business	Mailing Address			1	T Al	[₦] 10: 35		
·	ISVILLE ROAD	6117 ADAMSVILLE R GIBSONTON FL 33534 US							
2. Principal P	Place of Business	3. Mailing Address			and "	STIET EN EPIG BIEN BON	i ûrn erm etn	(1) jing (6)li Gi 29 1 a)Kara w Kar
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1st MOORE	CR2E0	83 (10/04)		
City & Stat	ie .	· City & State			4. FEI Num	nber 2.53	600	*)	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certifica	ate of Status Desire	ed 🗆	\$5.00 Ad Fee Require	Iditional
	6. Name and Address of Cu	rrent Registered Agent			7. Name a	nd Address of Ne	w Registered	Agent	
- etc	SAFA DTESKENIENDANIE		Na	ame				<u>. </u>	
STEWART; MANDRA L 6117 ADAMSVILLE ROAD GIBSONTON FL 33534		Str	Street Address (P.O. Box Number is Not Acceptable)						
								•	
			Cit	ty			FL	Zip Cod	le
8. The above the obligat	named entity submits this statemations of registered agent.	ent for the purpose of changing its	registered of	fice or register	ed agent, or i	both, in the State o	of Florida. I am	familiar with,	and accept
SIGNATURE .	Signalule, typed or printed name of registered	d agent and title if applicable (NOT	E Registered Agen	besuper esulange le	when revoluting)		DATE		
	·	FILE NO	OW!!! FEE	IS \$50.00					
		Make Check Payeb		•	nt of State	[
			ie By May 1,	, 2005					
9.	· · · · · · · · · · · · · · · · · · ·	EMBERS/MANAGERS	10,			ADDITIO	ONS/CHANGES		
TITLE NAME	MGR STEWART, MANDRA L	Defete	TITLE NAME					Change	Addition Addition
	6117 ADAMSVILLE ROAD		STREET ADD	DRESS					
CITY-ST-ZIP	GIBSONTON FL 33534		CITY-ST-ZI	P					
THE	MGRM	☐ Deleta	TITLE					Change	☐ Addition
NAME STREET ADDRESS	LOVELAND, BENJAMIN R		NAME	2000					
CITA-21-576	6117 ADAMSVILLE ROAD GIBSONTON FL 33534		STREET ADD	i i					
TITLE	0.000	☐ Delete	TITLE					Change	Addition
NAME			NAME					- Cuards	U Addition
STREET ADDRESS			STREET ADD	· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP			CITY-ST-ZI	P				F1 04	
NAME		Delete	TITLE NAME					☐ Change	Addition
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NAME STREET ADDRESS			NAME SIREET ADD	encer.					
CITY-SI-ZIP			CITY-ST-ZI						
TITLE		Delete	HILE				<u> </u>	☐ Change	Addition
NAME			NAME					— , -	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	1					
	cartiful that the information availa-	duch this Street was not a select	CITY-S1-21			nvib Starte Comm			
indicated	on this report is true and accurate	d with this filling does not qualify to e and that my signature shall have rustee empowered to execute this	the exemption	al effect as if m	iade under oa	3)(I), Florida Statut ath; that I am a ma	les. I turtner ce anaging memb	riny that the ir er or manage	ntermation of the
iimileo iia	bitty company or the receiver or the	// /./	. /	life by Chapt	er 608, Florid	a Statutes.			
		11 ////	71 s - 11				11.1 -	1	1100

SIGNATURE: 4-19-06 913-741-16 Duro During Provided HAMA OF SIGNANG MANAGEMENT MANAGEMENT AUTHORIZED REPRESENTATIVE Duro During Providence Confirms Providence Confirms