

**2006 LIMITED LIABILITY COMPANY  
ANNUAL-REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000008742**

1. Entity Name

AT YOUR SERVICE, LLC



Principal Place of Business

1775 N. ANDREWS SQUARE  
#309W

FT. LAUDERDALE, FL 33311 US

Mailing Address

1775 N. ANDREWS SQUARE  
#309W

FT. LAUDERDALE, FL 33311 US



07212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0608549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DELOREY, DIANE B  
1775 N. ANDREWS SQUARE  
#309W  
FT. LAUDERDALE, FL 33311

**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

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DELOREY, DIANE B  
1775 N. ANDREWS SQUARE  
FT. LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HALL, SUSAN B  
7503 EAST 83RD STREET SOUTH  
TULSA, OK 74133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000572146  
07/25/06-80017-013 50.00

**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

Date

Daytime Phone #