

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 24, 2007
Secretary of State**

DOCUMENT# L04000016573

Entity Name: SHOLAKUNMI SERVICES "LC"

Current Principal Place of Business:

20106 N.W 51 CT
OPALOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

20106 N.W 51 CT
MIAMI, FL 33055

New Mailing Address:

FEI Number: 36-4550127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADEKUNLE, SHOLAKUNMI A
20106 N.W 51 CT
OPALOCKA, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADEKUNLE, SHOLAKUNMI A
Address: 20106 N.W 51 CT
City-St-Zip: OPALOCKA, FL 33055

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHOLAKUNMI A.ADEKUNLE MGR 03/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date