

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016573

FILED  
Jan 31, 2008  
Secretary of State

**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 ( )**

**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 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

01/31/2008

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