

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016573

FILED
Mar 02, 2009
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: SAMUEL A.GBADEBO

RA

03/02/2009

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