

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021985

Entity Name: A.M. SERVICES, LLC

FILED
Aug 07, 2006
Secretary of State

Current Principal Place of Business:

9240 N.W. 44TH COURT
CORAL SPRINGS, FL 33065

New Principal Place of Business:

2620 NW 15TH COURT
POMPANO BEACH, FL 33069

Current Mailing Address:

9240 N.W. 44TH COURT
CORAL SPRINGS, FL 33065

New Mailing Address:

2620 NW 15TH COURT
POMPANO BEACH, FL 33069

FEI Number: 33-1106094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ABDULLAH - MITHAVAYA, GULSHAKAR
9240 N.W. 44TH COURT
CORAL SPRINGS, FL 33065 US

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: MGMR () Delete
Name: ABDULLAH-MITHAVAYANI, GULSHAKAR MRS.
Address: 9240 NW 44TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGMR () Delete
Name: MITHAVAYANI, ANWAR MR.
Address: 9240 NW 44TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES:

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

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: GULSHAKAR MITHAVAYANI

D

08/07/2006

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