2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L04000033332

Entity Name: NORTHERN SERVICES, LLC

Current Principal Place of Business:

3058 AUBURN BLVD.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

18408 POSTON AVE.
PORT CHARLOTTE, FL 33948 US

Current Mailing Address:

3058 AUBURN BLVD.
PORT CHARLOTTE, FL 33948

New Mailing Address:

18408 POSTON AVE.
PORT CHARLOTTE, FL 33948 US

FEI Number: 20-1071794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACHADO, DAVID J
3058 AUBURN BLVD.
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

MACHADO, DAVID J
18408 POSTON AVE.
PORT CHARLOTTE, FL 33948 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: DAVID J MACHADO 01/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: MACHADO, DAVID J
Address: 3058 AUBURN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM (X) Delete
Name: MACHADO, CHRISTOPHER D
Address: 3058 AUBURN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MACHADO, DAVID J
Address: 18408 POSTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: DAVID J MACHADO MGRM 01/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date