

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90092 043 \*\*\*\*50.00

DOCUMENT # L04000034232

1. Entity Name  
STATEMENT SERVICES, LLC



Principal Place of Business  
326 SOUTH PLANT AVENUE  
TAMPA, FL 33606 US

Mailing Address  
326 SOUTH PLANT AVENUE  
SUITE 116  
TAMPA, FL 33606 US

2. Principal Place of Business  
506 South Willow Ave

3. Mailing Address  
506 South Willow Ave

Suite, Apt. #, etc.  
#14

Suite, Apt. #, etc.  
#14

07102006 Chg-LLC CR2E083 (11/05)

City & State  
Tampa Florida

City & State  
Tampa Florida

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
33606

Country  
USA

Zip  
33606

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GREEN, BRUCE D ESQ.  
1313 SOUTH ANDREWS AVE.  
FT. LAUDERDALE, FL 33316

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HIGGINS, MICHAEL  
326 SOUTH PLANT AVENUE  
TAMPA, FL 33606 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
Todd H. Gebron  
506 South Willow Ave #14  
Tampa FL 33606 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

*Todd H Gebron*

Todd H. Gebron 7/10/2006 561-289-8222