

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050815

1. Entity Name
GREATER FLORIDA SERVICES, LLC.



Principal Place of Business
2190 N.W. 34TH TERRACE
COCONUT CREEK, FL 33066

Mailing Address
2190 N.W. 34TH TERRACE
COCONUT CREEK, FL 33066



04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1336399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, JOSE
2190 N.W. 34TH TERRACE
COCONUT CREEK, FL 33066

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IN THIS SPACE**

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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARRENO, ISABEL
STREET ADDRESS	2190 N.W. 34TH TERRACE
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	MGR
NAME	PENA, JOSE
STREET ADDRESS	2190 N.W. 34TH TERRACE
CITY-ST-ZIP	COCONUT CRREK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____

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