## 2008 LIMITED LIABILITY COMPANY

**FILED** Apr 17, 2008 08:00 A Secretary of State

ANNUAL REPURI	
DOCUMENT # L04000058501	-,
I. Entity Name FOUNDATION REALTY SERVICES, LLC	



Principal Place of Business

Mailing Address

1043 SHADY LAKES CIRCLE S. PALM BEACH GARDENS, FL 33418 1043 SHADY LAKES CIRCLE S. PALM BEACH GARDENS, FL 33418 US

## DO NOT WRITE IN THIS SPACE

03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1518445

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JAMES D JR. 1043 SHADY LAKES CIRCLE S. PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office	or registered agent, or both	n, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE.			LOOCOCCA			
old Williams	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent sig	nature required when reinstating)	יליניניני	- 1	
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			<del>- 64715765</del>	<del>- 000050 -00</del>	<del>) 138.75 -</del>
9.	MANAGING MEMBERS/MANAGERS					, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, JAMES D JR. 1043 SHADY LAKES CIRCLE S. PALM BEACH GARDENS, FL 33418					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	9 1 4	•	•
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SP	ACE	. '
TITLE						

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 thue 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS "CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MEMBER, OR AUTHORIZED REPRESENTATIVE