

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062261

FILED
May 01, 2007
Secretary of State

Entity Name: EFC MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

5960 S.W. 57 AVENUE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5960 S.W. 57 AVENUE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 33-1101107 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:

PEREZ, SUZANNE A
5960 S.W. 57 AVE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: MANDARIN SERVICES, L, LC
Address: 5960 S.W. 57TH AVE.
City-St-Zip: MIAMI, FL 33143 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PD () Change (X) Addition
Name: PEREZ, SUZANNE A
Address: 5960 SW 57 AVE
City-St-Zip: MIAMI, FL 33143

Title: DV () Change (X) Addition
Name: MARTINEZ, JUAN P
Address: 5960 SW 57 AVE
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE A. PEREZ

PD

05/01/2007

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