2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L04000066776

Entity Name: UNITED SERVICES OF AMERICA LLC

Current Principal Place of Business:

627 ANDERSON CIRCLE
210
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

627 ANDERSON CIRCLE
210
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 42-1643972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAGOSTIM, LEILA
627 ANDERSON CIRCLE
210
DEERFIELD BEACH, FL 33441 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	DAGOSTIM, LEILA L	
Address:	627 ANDERSON CIRCLE #210	
City-St-Zip:	DEERFIELD BEACH, FL 33441 US	
Title:	MGR	( ) Delete
Name:	EARP, PAULO R SA	
Address:	3392 ALBA WAY	
City-St-Zip:	DEERFIELD BEACH, FL 33442 US	
Title:	MGR	( ) Delete
Name:	VALERY, MAURICIO L	
Address:	2300 NW 33 STR.	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: LEILA DAGOSTIM MGR 01/05/2005

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