

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000093595

FILED
Nov 13, 2007
Secretary of State**Entity Name:** AT YOUR SERVICE, LLC**Current Principal Place of Business:**15291 NORTHWEST 60TH AVE., SUITE 101
MIAMI LAKES, FL 33014**New Principal Place of Business:****Current Mailing Address:**155 WALL ST
ORANGEBURG, SC 29115**New Mailing Address:****FEI Number:** 20-2057669**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FREEMAN, ARTURO
14420 STIRLING ROAD
DAVIE, FL 33330 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: WALLACE, LINDA
Address: 155 WALL ST
City-St-Zip: ORANGEBURG, SC 29115Title: MGRM () Delete
Name: FREEMAN, ARTURO C
Address: 4839 VOLUNTEER RD# 256
City-St-Zip: DAVIE, GA 33330Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: PI, KATHLEEN
Address: 4839 VOLUNTEER RD# 256
City-St-Zip: DAVIE, GA 33330

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: ARTURO FREEMAN

MRGM

11/13/2007

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