


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90193 044 ****50.00

DOCUMENT # L05000002604		
1. Entity Name ACTION SERVICES OF FLORIDA, LLC		
Principal Place of Business 1071 SHERI BLVD. SOUTH DAYTONA, FL 32119	Mailing Address 1071 SHERI BLVD. SOUTH DAYTONA, FL 32119	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BONIN, HARVEY N SR. 1071 SHERI BLVD. SOUTH DAYTONA, FL 32119		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONIN, HARVEY N 1071 SHERI BLVD. DAYTONA BEACH, FL 32119 <i>CORRECTION ↓ SOUTH DAYTONA, FL 32119</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Harvey N. Bonin</i>		4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		386-788-9311 Daytime Phone #

60050877



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0416389	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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