

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006104

Entity Name: SERV7 LLC

FILED
Feb 07, 2012
Secretary of State

Current Principal Place of Business:

16197 KESWICK WAY
FT. MYERS, FL 33908

New Principal Place of Business:

8976 GREENWICH HILLS WAY
202
FT. MYERS, FL 33908

Current Mailing Address:

16197 KESWICK WAY
FT. MYERS, FL 33908

New Mailing Address:

8976 GREENWICH HILLS WAY
202
FT. MYERS, FL 33908

FEI Number: 20-2085794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, LARRY
16197 KESWICK WAY
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

MARINO, LARRY
8976 GREENWICH HILLS WAY
202
FT. MYERS, FL 33908 US

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:

02/07/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MANNING, LARRY
Address: 16520 CROWNSBURY WAY, #102
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM
Name: DIMARIA, FRANK
Address: 8818 NEW CASTLE DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM
Name: JOINER, LARRY
Address: 13131 UNIVERSITY DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM
Name: RANSON, NICK
Address: 8824 NEW CASTLE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: STEPHAN, GARY
Address: 16645 CROWNSBURY WAY
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: JANKOWSKI, LES
Address: 8908 GREENWICH HILLS WAY
City-St-Zip: FORT MYERS, FL 33908

I hereby 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: FRANK DIMARIA

MGRM

02/07/2012

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