

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007510

**FILED**  
**Jul 19, 2007**  
**Secretary of State**

**Entity Name:** SERVICE NORTH-CENTRAL, LLC

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD  
SUITE 1220  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BLVD  
SUITE 1220  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 20-4688128      **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:**

AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

BYRNE, THOMAS C  
401 E. LAS OLAS BLVD  
SUITE 1220  
FORT LAUDERDALE, FL 33301 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: THOMAS C BYRNE

07/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BYRNE, THOMAS C  
Address: 401 E LAS OLAS BLVD STE 1220  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

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

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: THOMAS C BYRNE

MGR

07/19/2007

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