


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90082 005 ****50.00

DOCUMENT # L05000020365	
1. Entity Name FAZIO SERVICES, LLC	

Principal Place of Business 4131 BANBURY CIRCLE PARRISH FL 34219 2919 127th Place East Parrish FL 34219	Mailing Address 4131 BANBURY CIRCLE PARRISH FL 34219 SAME
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-2542098	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FAZIO, THOMAS M 4131 BANBURY CIRCLE PARRISH FL 34219 2919 127th Place East Parrish FL 34219

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
NAME FAZIO, THOMAS M STREET ADDRESS 4131 BANBURY CIRCLE CITY ST ZIP PARRISH FL 34219	<input type="checkbox"/> Delete
NAME FAZIO, PAM STREET ADDRESS 4131 BANBURY CIRCLE CITY ST ZIP PARRISH FL 34219	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas M Fazio MGR Thomas M Fazio 1-20-07 941-776-0756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #