

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041136

Entity Name: REGINE SERVICES, LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

1665 WINDY PINES DR.
SUITE 4
NAPLES, FL 34112

New Principal Place of Business:

6561 TAYLOR ROAD
SUITE 5
NAPLES, FL 34109

Current Mailing Address:

1665 WINDY PINES DRIVE #4
SUITE 4
NAPLES, FL 34112

New Mailing Address:

6561 TAYLOR ROAD
SUITE 5
NAPLES, FL 34109

FEI Number: 20-2741108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, REGINE MRS
1665 WINDY PINES DRIVE #4
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

KORN, REGINE MRS
15329 CORTONA WAY
NAPLES, FL 34120 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: REGINE KORN

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORN, REGINE
Address: 1665 WINDY PINES DR., SUITE 4
City-St-Zip: NAPLES, FL 34112

Title: MGR (X) Delete
Name: CALMAN, PATRICK J MR
Address: 1665 WINDY PINES DRIVE #4
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KORN, REGINE
Address: 6561 TAYLOR ROAD, STE. 5
City-St-Zip: NAPLES, FL 34109

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

I hereby certify that the information supplied with this filing does not qualify for the 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: REGINE KORN

MGRM

04/09/2007

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