

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000041136

Entity Name: REGINE SERVICES, LLC

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6561 TAYLOR ROAD UNIT 5  
SUITE 5  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6561 TAYLOR ROAD UNIT 5  
SUITE 5  
NAPLES, FL 34109

**New Mailing Address:**

6561 TAYLOR ROAD UNIT 5  
SUITE 5  
NAPLES, FL 34109

FEI Number: 20-2741108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KORN, REGINE MRS  
345 CYPRESS WAY WEST  
NAPLES, FL 34110 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CALMAN, PATRICK J  
Address: 345 CYPRESS WAY WEST  
City-St-Zip: NAPLES, FL 34110

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: PATRICK CALMAN

MGR

04/06/2009

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