

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000043693**

**1. Entity Name**

**ADMINISTRATIVE SERVICES OF FLORIDA, LLC**



**Principal Place of Business**

**901 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US**

**Mailing Address**

**901 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-2803373**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSECAN, LAUREN R  
901 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

**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 reinstating)

**DATE**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**U00000903834  
04/30/08-80060-022 138.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MD</b>
<b>NAME</b>	<b>ROSECAN, LAUREN</b>
<b>STREET ADDRESS</b>	<b>901 NORTH FLAGLER DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>WEST PALM BEACH, FL 33401</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/11/08**

**861-822-4111**