

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044211

Entity Name: EC MULTISERVICES LLC

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

14000 SW 90 AVE. #BB-103
MIAMI, FL 33176

New Principal Place of Business:

8906 W FLAGLER ST #204
MIAMI, FL 33174

Current Mailing Address:

14000 SW 90 AVE. #BB-103
MIAMI, FL 33176

New Mailing Address:

8906 W FLAGLER ST #204
MIAMI, FL 33174

FEI Number: 38-3720892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, AARON
14000 SW 90 AVE. #BB-103
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

RAMIREZ, HECTOR
8906 W FLAGLER ST #204
MIAMI, FL 33174 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: HECTOR RAMIREZ

02/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RESTREPO, AARON
Address: 14000 SW 90 AVE. #BB-103
City-St-Zip: MIAMI, FL 33176

Title: MGRM (X) Delete
Name: RESTREPO, KENNY
Address: 14000 SW 90 AVE. #BB-103
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMIREZ, HECTOR
Address: 8906 W FLAGLER ST #204
City-St-Zip: MIAMI, FL 33174

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: HECTOR RAMIREZ

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02/08/2008

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