


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000046962 1. Entity Name ADMINISTRATIVE CONSULTANT SERVICE-FLORIDA, L.L.C.	
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Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address 678 KICKAPOO SPUR SHAWNEE, OK 74801
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03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1456737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000769687
07/19/07-00012-018 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMINISTRATIVE CONSULTANT SERVICE, L.L.C. 678 KICKAPOO SPUR SHAWNEE, OK 74801
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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

07.17.2007 405-878-2007
Date Daytime Phone #