2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058627

1. Entity Name
PERSYST SERVICES LLC

Principal Place of Business	Mailing Address
21218 ST. ANDREWS BLVD., #648 BOCA RATON, FL 33433	21218 ST. ANDREWS BLVD., #648 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

04162007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
26-0124742	Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HAGEN, WILLIAM E
STREET ADDRESS	21218 ST. ANDREWS BLVD., #648
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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05/01/07-80018-015 55.00

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: _____   4/16/2007   561 859-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #