


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000060261 1. Entity Name SERVCORP LLC	
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Principal Place of Business 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173	Mailing Address 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4299488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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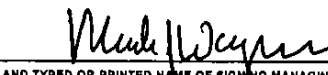
**Filing Fee is \$50.00
Due by May 1, 2007**

U000000658146
03/15/07-80027-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BALOGH, MICHAEL 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOS, JON 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENT, MICHAEL 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/23/07 <small>Date</small>	847-585-1392 <small>Daytime Phone #</small>
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