2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-25-2008 90068 028 ***138.50
L05000060261

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000060261

1. Entity Name
SERVCORP LLC

Principal Place of Business	Mailing Address
500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173	500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1205 SARAH STREET STE 111		300 N. MARTINGALE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LONGWOOD FL		City & State: SCHAUMBURG IL	
Zip: 32750	Country: S. SEMINOLE	Zip: 60173	Country: COOK

4. FEI Number: 20-3169370 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KENT, MICHAEL		NAME		
STREET ADDRESS	300 NORTH MARTINGALE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOS, JON		NAME		
STREET ADDRESS	300 NORTH MARTINGALE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: JON BOS, MANAGER 01/09/08 847-310-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #