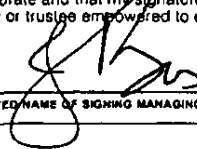


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000060261			
1. Entity Name SERVCORP LLC			
Principal Place of Business 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173		Mailing Address 500 EAST REMINGTON ROAD, SUITE 304 SCHAUMBURG, IL 60173	
2. Principal Place of Business - No P.O. Box # 1205 SARAH STREET STE III		3. Mailing Address 300 N. MARTINGALE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD FL		City & State SCHAUMBURG IL	
Zip 32750	Country J. SEMINOLE	Zip 60173	Country COOK
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR KENT, MICHAEL 300 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOS, JON 300 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 #	

FILED

08 FEB -6 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3169370 Applied For Not Applicable

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