

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075775

FILED
Jul 09, 2008
Secretary of State

Entity Name: EXCEL MULTI-SERVICES INVESTMENT LTD. CO.

Current Principal Place of Business:

431 22 AVENUE NE
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

431 22 AVENUE NE
NAPLES, FL 34120

New Mailing Address:

FEI Number: 56-2526573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, BRIAN
431 22 AVENUE NE
NAPLES, FL 34120 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRANCOIS, MARIE
Address: 431 22 AVENUE NE
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: LEWIS, BRIAN
Address: 431 22 AVENUE NE
City-St-Zip: NAPLES, FL 34120

Title: MGR (X) Delete
Name: FRANCOIS, PEDRO
Address: 431 22 AVENUE NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN LEWIS

MGMT

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date