01/05/2006 22:21 FAX 5612783898 TAX HELP! 002

Jul 22 08 05:06p Frank Fawzi (561) 391-7081 p.1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 23 PM 12: 11

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092399

1. Entity Name
IT'S OUR PLEASURE TO SERVE YOU, LLC

Principal Place of Business	Mailing Address
9291 GLADES ROAD, SUITE 301 BOCA RATON, FL 33434	9291 GLADES ROAD, SUITE 301 BOCA RATON, FL 33434
2. Principal Place of Business - No P.O. Box #: 690 Yamato Rd	3. Mailing Address: 690 Yamato Rd
Suite, Apt #, etc.: Suite 7	Suite, Apt #, etc.: Suite 7
City & State: Boca Raton, FL 33431	City & State: Boca Raton, FL
Zip: 33431 Country: PB	Zip: 33431 Country: PB

06/18/08 80002 010 $138.75

07222008 Chg-LLC CR2E053 (12/06)

4. FEI Number: 20-3733448 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNELL, ROBERT E ESQ.
2500 NORTH MILITARY TRAIL, SUITE 220
BOCA RATON, FL 33431

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAWZI, FRANK M 9291 GLADES ROAD, SUITE 301 BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VASATKA, SCOTT E 2029 NORTH OCEAN BLVD FT LAUDERDALE, FL 33305	☐ 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: X Frank M. Fawzi 7/22/08

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