2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 11, 2007 08:00 Al Secretary of State DOCUMENT # L05000094574 1. Entity Name E.C.C. SERVICES, L.C Principal Place of Business Mailing Address 7511 75TH STREET NORTH P.O BOX 48944 ST. PETERSBURG FL 33743 PINELLAS PARK FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 26-4496843 Not Applicable Ζφ Zip \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARLOR, STUART Street Address (P.O. Box Number is Not Acceptable) 7511 75TH STREET NORTH PINELLAS PARK FL 33781 Zip Codo City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Addition RIU IIIti MGR ☐ Delete H00000699197 NAME NAME MARLOR, STUART 04/19/07-80033-003 50.NN STREET LADORESS STREET ADDRESS 7511 75TH STREET NORTH CHY-ST-7/P CHY-SI-ZIP PINELLAS PARK FL 33781 Addition Change вш ☐ Defete HIII NAME NAME: STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP Defete Change ☐ Addition TOTAL THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-7P Change ☐ Addition mu Detete ШЦ NAME STREET ADDRESS STREET ADDRESS CHY-ST-74P CITY-ST-ZIP шц Delete HHE Change ■ Addition NAME NAMI STREET ADDRESS STRIET ADDRESS CITY-S1-7IP CITY-ST-ZIP Change Addition A HILE ш ☐ Delete NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY+ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; that I am a managing member or manager of the limited liability company or the regeiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE