

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095806

FILED  
May 01, 2007  
Secretary of State

Entity Name: RITEGROUP SERVICES, LLC

**Current Principal Place of Business:**

316 N E 38TH STREET  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 120534  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 37-1517138      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:**

SOLOMON, VALERIE  
6220 SW 5TH ST  
PLANTATION, FL 33317      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: MGR      ( ) Delete  
Name: SOLOMON, VALERIE  
Address: 6220 SW 5TH ST  
City-St-Zip: PLANTATION, FL 33317

Title: MGR      ( ) Delete  
Name: SOLOMON, NIGEL  
Address: 6220 SW 5TH STREET  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES:**

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: VALERIE SOLOMON

MGR

05/01/2007

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