

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104530

Entity Name: AMARAL SERVICES,LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

1801 QUAILS NEST DR.
103
BRANDON, FL 33510

New Principal Place of Business:

2914 FORREST RESERVE PL.
SEFFNER, FL 33584

Current Mailing Address:

1801 QUAILS NEST DR.
103
BRANDON, FL 33510

New Mailing Address:

2914 FORREST RESERVE PL.
SEFFNER, FL 33584

FEI Number: 93-5766029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMARAL, PEDRO A
1801 QUAILS NEST DR
103
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

AMARAL, EDMAR F
2914 FORREST RESERVE PL.
SEFFNER, FL 33584 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: EDMAR F. AMARAL

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMARAL, PEDRO A
Address: 1801 QUAILS NEST DR #103
City-St-Zip: BRANDON, FL 33510

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMARAL, EDMAR F
Address: 2914 FORREST RESERVE PL.
City-St-Zip: SEFFNER, FL 33584

Title: MGR () Change (X) Addition
Name: AMARAL, PEDRO A
Address: 1801 QUAILS NEST DR. #103
City-St-Zip: BRANDON, FL 33510

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: PEDRO AMARAL

MGR

04/07/2009

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