2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000107116

1. Entity Name

ANNÁ MARIA APPLIANCE SERVICE, LLC



FILED Apr 07, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

608 AMBASSADOR LANE HOLMES BEACH, FL 34218 608 AMBASSADOR LANE HOLMES BEACH, FL 34218

US



DO NOT WRITE IN THIS SPACE

01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUDNICK, GARY 608 AMBASSADOR LANE HOLMES BEACH, FL 34218

DO NOT WRITE IN THIS SPACE

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 After May 1, 2008 Fee will be \$538.75 U00000885767 04/18/08-80027-016 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MGRM BUDNICK, GARY 608 AMBASSADOR LANE HOLMES BEACH, FL 34218	
INLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-SY-ZIP		
44. I berely certify that the information supplied with this filling does not qualify for the ex-		

DO NOT WRITE IN THIS SPACE

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENT

4-5-08

941-779-1779

Daytime Phone #