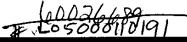
### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### Apr 22, 2008 8:00 am Secretary of State DOCUMENT #L05000110191 04-22-2008 90096 012 \*\*\*138.75 ADVANCE SERVICES, LLC Principal Place of Business Mailing Address 60026000 -7410 ALOMA-ST -P.O. BOX WINTER PARK, FL 32708 US WINTER SPRINGS, FL 32719 US-2. Principal Place of Business - No P.O. Box # 7410 HOWA AUE P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chq-LLC CR2E083 (12/06) 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FONSECA, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1192 EAGLES WATCH TRAIL WINTER SPRINGS, FL 32708 City Zip Code FL 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ■ Addition FONSECA VICTOR MGR NAME NAME 1192 EAGLES WATCH TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 end 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 fiability company of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. Lower SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED

## **ATTACHMENT**





## PAUL STANLEY WEST. **ATTORNEYS AT LAW**

600 S. Orlando Ave., Suite 301, Maitland, Florida 32751

Paul S. West, Esq. Phone: (407) 678-9111 Fax: (407) 679-9911 pswest@PaulWestLaw.com

April 14, 2008

Florida Department of State Attn.: Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Our File # 08-2765 Advance Services, LLC

To whom it may concern:

We represent the above referenced Advance Services, LLC. Please find enclosed the 2008 Limited Liability Company Annual Report for Advance Services, LLC. You will notice that we have crossed through the FEI Number, which is incorrect, and written in the correct FEI Number for Advance Services, LLC.

I have enclosed a copy of a letter received by my client from the Department of Treasury identifying said FEI Number of Advance Services, LLC as a reference to update your files as well.

1 am also enclosing a Hold Harmless/Release of Liability and Authorization to Release Information signed by Victor Fonseca, as the Manager of Advance Services, LLC, authorizing the release of any and all information requested on Advance Services, LLC, to our office.

If you have any questions or need anything further to facilitate this request, please do not hesitate to give our office a call at the number above.

Attorney at Law

PSW/law Enclosures: 2

# **ATTACHMENT**

Department of the Treasury **Internal Revenue Service** 

Cincinnati, OH 45999

# 105000110191

In reply refer to: 0243536559 Jan 28, 2008

LTR 147C

41-2204098

ADVANCE SERVICES LLC VICTOR FONSECA SINGLE MBR PO BOX 196475 WINTER SPGS FL 32719-6475 754

Taxpayer Identification Number: 41-2204098

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of January 28th, 2008.

Your Employer Identification Number (EIN) is 41-2204098. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

17-52630

Customer Service Representative

## **ATTACHMENT**

# 205000110191

### Hold Harmless / Release of Liability

### and

### Authorization to Release Information

Please accept this letter as my full authorization for you to release any and all information when requested, regarding Advance Services, LLC, of which I am the Manager of record, to my attorney, Paul Stanley West, whose address and telephone is:

Paul Stanley West, P.A. 600 South Orlando Avenue, Suite 301 Maitland, Florida 32751 Phone: (407) 678-9111

FAX: (407) 679-9911

√ictor Fonseca, Manager

A copy of this document shall be accepted as though it were an original.

STATE of FLORIDA COUNTY of ORANGE

THE FOREGOING INSTRUMENT was acknowledged before me this <u>April 14, 2008</u> by Victor Fonseca, Manager of Advance Services, LLC, who has produced a Florida Driver's License as Identification and who did take an oath.

April 7, 2010 \*

LYNN WARREN

Notary Public, State of Florida at Large My commission expires April 7, 2010.