2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114118

SILVA, CARMEN A

951 JEFFERSON AVE APT 1

MIAMI BEACH, FL 331398470

Name:

Address:

City-St-Zip:

Entity Name: OK LISTO EXPRESS SERVICES, LLC

FILED Jul 03, 2006 Secretary of State

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
55 WESTO	ON RD (PARK CENTRE WEST)			
	, FL 33326 US			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
	ON RD (PARK CENTRE WEST)			
STE 305 WESTON,	, FL 33326 US			
	: 20-3888452 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability	FEI Number Not Applicable (company did not receive the prior		
Name and	I Address of Current Registered Agent	: Name and Addre	ess of New Registered Agent:	
2800 GLAI STE 121	Z, JORGE A DES CIR , FL 333272278 US			
	e named entity submits this statement for the of Florida.	ne purpose of changing its regi	stered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete DOMINGUEZ, ROSA V 3839 POND APPLE DR WESTON, FL 333322160 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MENA, PEDRO D 3839 POND APPLE DR WESTON, FL 333322160 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete VILLEGAS, EVANGELINA 1337 ST TROPEZ APT 205 WESTON, FL 333263022 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PEDRO D MENA MGRM 07/03/2006