



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2006 8:00 am**  
**Secretary of State**

06-23-2006 90139 011 \*\*\*\*50.00

<b>DOCUMENT # L05000114315</b> 1. Entity Name <b>SERVICIOS UNO-A, LLC.</b>					
Principal Place of Business <b>2154 N DIXIE HIGHWAY BOCA RATON, FL 33431</b>			Mailing Address <b>2154 N DIXIE HIGHWAY BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>450 Shore Centre</b> Suite, Apt. #, etc. <b>450 NE 20th Street #105</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country <b>US</b>		3. Mailing Address <b>450 Shore Centre</b> Suite, Apt. #, etc. <b>450 NE 20th Street #105</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country <b>US</b>			
05232006 Chg-LLC CR2E083 (11/05)				4. FEI Number <b>20-3954195</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TANAKA, AMPARO 1486 BARCELONA WAY WESTON, FL 33431</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Amparo Tanaka</i></u> <u><i>Amparo Tanaka, MGRM</i></u> <u><i>05/30/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TANAKA, AMPARO 1486 BARCELONA WAY WESTON, FL 33431		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u><i>Amparo Tanaka</i></u> <u><i>Amparo Tanaka, MGRM</i></u> <u><i>(561) 826-0255</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					