


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90216 015 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L06000003028</b>               |  |
| 1. Entity Name<br>AAA PROPERTY SERVICES, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>15754 TREASURE ISLAND LANE<br>FORT MYERS, FL 33905 | Mailing Address<br>15754 TREASURE ISLAND LANE<br>FORT MYERS, FL 33905 |
|---|---|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



02112007 Chg-LLC CR2E083 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEE Number<br><b>33-1129618</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>STEELE, LINDA K<br>15754 TREASURE ISLAND LANE<br>FORT MYERS, FL 33905 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STEELE, LINDA K<br>15754 TREASURE ISLAND LANE<br>FORT MYERS, FL 33905 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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.

SIGNATURE: *Linda K Steele* (239) 2/10/07 6933228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #