2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L06000014480

Entity Name: AMONET PROPERTY SERVICES LLC

Current Principal Place of Business:

606 BIRKDALE STREET
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

606 BIRKDALE STREET
DAVENPORT, FL 33897 US

New Mailing Address:

FEI Number: 20-4383328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMONET HEALTHCARE INTERNATIONAL INC.
3434 KNIGHT STATION ROAD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AKINOLA, AMOS	
Address:	606 BIRKDALE STREET	
City-St-Zip:	DAVENPORT, FL 33897 US	
Title:	MGR	( ) Delete
Name:	GIBBONS, OLUWAYEMISI	
Address:	22 IBBETSON PATH, LOUGHTON	
City-St-Zip:	ESSEX,, UK IG102AS UK	
Title:	MGR	( ) Delete
Name:	OLUWAKAYODE, AKINOLA	
Address:	36 DICKENS RISE, CHIGWELL	
City-St-Zip:	ESSEX,, UK IG7 6NY UK	
Title:	MGR	( ) Delete
Name:	OKUBANJO, ABIOLA	
Address:	36 DICKENS RISE, CHIGWELL	
City-St-Zip:	ESSEX, UK IG76NY UK	
Title:	MGR	( ) Delete
Name:	AKINOLA, YETUNDE	
Address:	36 DICKENS RISE, CHIGWELL	
City-St-Zip:	ESSEX, UK IG76NY	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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

SIGNATURE: AMOS AKINOLA MGRM 02/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date