


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90016 004 \*\*\*143.75

<b>DOCUMENT # L06000020236</b>	
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1. Entity Name  
WHITE SERVICES, LLC

Principal Place of Business  
825 BRICKELL BAY DR.  
SUITE 1542-1  
MIAMI, FL 33131 US

Mailing Address  
825 BRICKELL BAY DR.  
SUITE 1542-1  
MIAMI, FL 33131 US

**60038038**



03312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # <b>951 BRICKELL AVE</b>	3. Mailing Address <b>951 BRICKELL AVE</b>
Suite, Apt. #, etc. <b>1908</b>	Suite, Apt. #, etc. <b>1908</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33131</b> Country <b>USA</b>	Zip <b>33131</b> Country <b>USA</b>

4. FEI Number  
**20-4368865**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  RD GLOBAL CONSULTING, INC 185 SE 14TH TERRACE SUITE 801 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRIJO, GABRIELA 825 BRICKELL BAY DR. SUITE 1542-1 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRIJO GABRIELA 951 BRICKELL AVE #1908 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Garriso* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #