2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L06000042772

Entity Name: AFFORDABLE SERVICES 4 U, LLC

Current Principal Place of Business:

600 N PINE ISLAND ROAD SUITE 450
PLANTATION, FL 33324

New Principal Place of Business:

600 N PINE ISLAND ROAD
SUITE 450
PLANTATION, FL 33324

Current Mailing Address:

600 N PINE ISLAND ROAD SUITE 450
PLANTATION, FL 33324

New Mailing Address:

600 N PINE ISLAND ROAD
SUITE 450
PLANTATION, FL 33324

FEI Number: 20-4750834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGUILAR, ELITON
600 N PINE ISLAND RD #450
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

AGUIAR, ELITON
600 N PINE ISLAND RD #450
PLANTATION, FL 33324 US

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: ELITON AGUIAR 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AGUIAR, ELITON
Address: 600 N PINE ISLAND ROAD SUITE 450
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: AGUIAR, DAYANE
Address: 600 N PINE ISLAND ROAD SUITE 450
City-St-Zip: PLANTATION, FL 33324

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: ELITON AGUIAR MGRM 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date