

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 024 ****55.00

DOCUMENT # L06000044698

1. Entity Name
ECP SERVICES LLC



Principal Place of Business
**180 ROBIN LN.
PANAMA CITY BEACH, FL 32407 US**

Mailing Address
**180 ROBIN LN.
PANAMA CITY BEACH, FL 32407 US**

40100208



2. Principal Place of Business - No P.O. Box #
108 PORTER DR.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 9161
Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State
PANAMA CITY BEACH, FL
Zip
32413 Country
US

City & State
PANAMA CITY BEACH, FL
Zip
32417 Country
US

4. FEI Number
65-1278212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROHANEK, PAVEL
180 ROBIN LN.
PANAMA CITY BEACH, FL 32407**

7. Name and Address of New Registered Agent

Name
ROHANEK PAVEL
Street Address (P.O. Box Number is Not Acceptable)
108 PORTER DR.
City
PANAMA CITY BEACH FL Zip Code
32413

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 **ROHANEK PAVEL MGRM 4/30/2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROHANEK, PAVEL
180 ROBIN LN.
PANAMA CITY BEACH, FL 32407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROHANEK PAVEL
108 PORTER DR.
PANAMA CITY BEACH, FL 32413** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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: **ROHANEK PAVEL MGRM 4/30/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #