2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L06000055998

Entity Name: ODUMANA SERVICES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2747 161 ST TERR LOXAHATCHEE, FL 33470	

Current Mailing Address:	**New Mailing Address:**
5674 SOUTH RUE RD WEST PALM BEACH, FL 33415	

FEI Number: 20-4969694   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOISE, NAHOMIE 5674 SOUTH RUE RD WEST PALM BEACH, FL 33415 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title: P ( ) Delete Name: MARCELUS, SAMUEL Address: 2747 161 ST TERR City-St-Zip: LOXAHATCHEE, FL 33470	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VP ( ) Delete Name: MOISE, NAHOMIE Address: 5674 SOUTH RUE RD City-St-Zip: WEST PALM BEACH, FL 33415	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: T ( ) Delete Name: MOISE, DUMESLE Address: 5674 SOUTH RUE RD City-St-Zip: WEST PALM BEACH, FL 33415	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: S ( ) Delete Name: MOISE, OBED Address: 5674 SOUTH RUE RD City-St-Zip: WEST PALM BEACH, FL 33415	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: NAHOMIE MOISE   VP   04/08/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date