

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058395

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** CITIZENSHIP & IMMIGRATION SERVICES, LLC

**Current Principal Place of Business:**

214 PALMETTO CONCOURSE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 PALMETTO CONCOURSE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

P.O. BOX 2489  
ORLANDO, FL 32802 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARTOLONE, DORY A  
214 PALMETTO CONCOURSE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

LONGO, PAOLO ESQ.  
711 SEMINOLE AVENUE  
ORLANDO, FL 32804 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: PAOLO LONGO, JR.

01/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARTOLONE, DORY A  
Address: 214 PALMETTO CONCOURSE  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARTOLONE, DORY A  
Address: P.O. BOX 2489  
City-St-Zip: ORLANDO, FL 32802 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DORY A. BARTOLONE

MGR

01/25/2007

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