

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059113

FILED
Aug 28, 2007
Secretary of State

Entity Name: NORTHERN LIGHTS PROPERTY MAINTENANCE LLC

Current Principal Place of Business:

35250 SOUTHWEST 177TH COURT, UNIT 203
MIAMI, FL 33034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 373235
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 22-3935289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VARGAS, DAVID J MGR
35250 SW 177 CT .
203
MIAMI, FL 33034 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: DAVID J VARGAS JR

08/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VARGAS, DAVID J
Address: 35250 SOUTHWEST 177TH COURT, UNIT 203
City-St-Zip: MIAMI, FL 33034

Title: ST () Delete
Name: VARGAS, DOREEN M
Address: 35250 SOUTHWEST 177TH COURT, UNIT 203
City-St-Zip: MIAMI, FL 33034

ADDITIONS/CHANGES:

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

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: DAVID J VARGAS

MGR

08/28/2007

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