

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064315

FILED
Apr 24, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA MULTI-SERVICES, LLC

Current Principal Place of Business:

5730 SOUTH SEMORAN BLVD., SUITE E
ORLANDO, FL 32822

New Principal Place of Business:

566 TRELLIS COURT
ORLANDO, FL 32809 US

Current Mailing Address:

P.O. BOX 592172
ORLANDO, FL 328592172

New Mailing Address:

P.O. BOX 592172
ORLANDO, FL 32859 US

FEI Number: 83-0461659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL VALLE, FELIX
5730 SOUTH SEMORAN BLVD., SUITE E
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

VILLANUEVA, WANDA Y
566 TRELLIS COURT
ORLANDO, FL 32809 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: WANDA Y VILLANUEVA

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VILLANUEVA, WANDA Y
Address: 5730 SOUTH SEMORAN BLVD., SUITE E
City-St-Zip: ORLANDO, FL 32822

Title: MGRM (X) Delete
Name: DEL VALLE, FELIX
Address: 5730 SOUTH SEMORAN BLVD., SUITE E
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VILLANUEVA, WANDA Y
Address: 566 TRELLIS COURT
City-St-Zip: ORLANDO, FL 32809

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: WANDA Y VILLANUEVA

MGRM

04/24/2007

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