

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075601

FILED
Sep 10, 2007
Secretary of State

Entity Name: DRAGO'S GENERAL SERVICE, LLC

Current Principal Place of Business:

5479 VINELAND RD
APT #9309
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

5479 VINELAND RD
APT #9309
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON ACCOUNTANT & CONSULTING SERVICES LL
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 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: CAROLINE LARSON

09/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SILVA, MONICA DRAGO
Address: 5479 VINELAND RD APT #9309
City-St-Zip: ORLANDO, FL 32811 US

Title: MGR () Delete
Name: DORIA, AURELIO D BASTOS
Address: 5479 VINELAND RD APT #9309
City-St-Zip: ORLANDO, FL 32811 US

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: MONICA DRAGO SILVA

MGR

09/10/2007

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