

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075615

Entity Name: YUS REALTY SERVICES LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

702 JONES AVENUE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

702 JONES AVENUE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-8263245 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

QUIROS, MANUEL A
104 AUBURN COURT
HAINES CITY, FL 33844 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:

Title: MGRM () Delete
Name: WHITE, CHARLES W KEITH
Address: 702 JONES AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: WHITE, PAULINE A
Address: 702 JONES AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: MGR () Delete
Name: QUIROS, MANUEL A
Address: 702 JONES AVENUE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

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

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: MANUEL A QUIROS

MGR

05/02/2007

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