

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075615

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: YUS REALTY SERVICES LLC

**Current Principal Place of Business:**

600 HINSON AVENUE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

600 HINSON AVENUE  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 20-8263245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: MGRM (X) Change ( ) Addition  
Name: WHITE, CHARLES W KEITH  
Address: 26309 AVENIDA LAS COLINA  
City-St-Zip: HOWIE-IN-THEHILLS, FL 34737

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, PAULINE A  
Address: 26309 AVENIDA LAS COLINA  
City-St-Zip: HOWIE-IN-THE HILLS, FL 34737

Title: MGR (X) Change ( ) Addition  
Name: QUIROS, MANUEL A  
Address: 104 AUBURN COURT  
City-St-Zip: HAINES CITY, FL 33844

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

04/17/2009

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