


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-24-2007 90406 032 ****55.00

| | | | | | |
|--|--------------------------------------|--|---|---|-----------------------|
| DOCUMENT # L06000076715 | | | |  | |
| 1. Entity Name ACCESS MANAGEMENT SERVICES LLC | | | | | |
| Principal Place of Business 10795 N.W. 70 STREET DORAL, FL 33178 | | Mailing Address 10795 N.W. 70 STREET DORAL, FL 33178 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 05212007 Chg-LLC CR2E083 (12/06) | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ESPINA, JORGE L 10795 N.W. 70 STREET DORAL, FL 33178 | | | Name <u>JORGE L. ESPINO</u> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | <u>10795 NW 70 Street</u> | | |
| | | | City <u>DORAL</u> | State <u>FL</u> | Zip Code <u>33178</u> |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Jorge L. Espino</u> | | DATE <u>05-21-2007</u> | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ESPINO, JORGE L | NAME | | | |
| STREET ADDRESS | 10795 N.W. 70 STREET | STREET ADDRESS | | | |
| CITY-ST-ZIP | DORAL, FL 33178 | CITY-ST-ZIP | | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ESPINO, VIVIANA S | NAME | | | |
| STREET ADDRESS | 10795 N.W. 70 STREET | STREET ADDRESS | | | |
| CITY-ST-ZIP | DORAL, FL 33178 | CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
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| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
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| NAME | | NAME | | | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jorge L. Espino</u> | | DATE <u>05-21-2007</u> | | DAYTIME PHONE # <u>305-335-0518</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |