

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079085

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** ASSISTED EVICTION SERVICES, LLC

**Current Principal Place of Business:**

3209 HOLIDAY LAKE DRIVE  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

3209 HOLIDAY LAKE DRIVE  
HOLIDAY, FL 34691 US

**New Mailing Address:**

PO BOX 160  
TARPON SPRINGS, FL 346880160 US

**FEI Number:** 20-5356533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUJU & ASSOCIATES, PA  
31564 US HIGHWAY 19 N  
PALM HARBOR, FL 34684 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:** PUGLIANO, MARK E  
**Address:** 3209 HOLIDAY LAKE DRIVE  
**City-St-Zip:** HOLIDAY, FL 34691 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PUGLIANO, MARK E  
**Address:** PO BOX 160  
**City-St-Zip:** TARPON SPRINGS, FL 346880160 US

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:** MARK E PUGLIANO

MGRM

04/28/2009

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