

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082573

FILED
Apr 05, 2007
Secretary of State

Entity Name: IMMIGRATION SERVICES, LLC

Current Principal Place of Business:

5450 S. STATE RD. 7
SUITE 4
HOLLYWOOD, FL 33314

New Principal Place of Business:

4005 NW 114TH. AVE.
SUITE 24
DORAL, FL 33178

Current Mailing Address:

5450 S. STATE RD. 7
SUITE 4
HOLLYWOOD, FL 33314

New Mailing Address:

4005 NW 114TH. AVE.
SUITE 24
DORAL, FL 33178

FEI Number: 20-5413374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, CESAR A
6873 SW 158TH. PL
MIAMI, FL 33193 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: PONCE, CESAR A
Address: 6873 SW 158TH. PL
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: PONCE, LOIDA A
Address: 6873 SW 158TH. PL
City-St-Zip: MIAMI, FL 33193

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 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: CESAR A. PONCE

MGRM

04/05/2007

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