


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90344 039 ****50.00

DOCUMENT # L06000094483	
1. Entity Name CONCORD ROAD SERVICE LLC	

Principal Place of Business 1145 NW 1ST STREET NO. 6 MIAMI, FL 33128	Mailing Address 1145 NW 1ST STREET NO. 6 MIAMI, FL 33128
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2. Principal Place of Business - No P.O. Box # 251 W 42 ST	3. Mailing Address 251 W 42 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah - FL	City & State Hialeah - FL
Zip 33012	Zip 33012
Country U.S.A	Country U.S.A



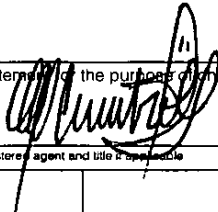
04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5638189	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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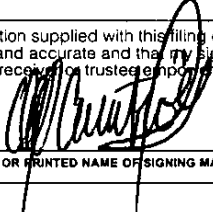
6. Name and Address of Current Registered Agent	
CASTRO, ROBERTO O 1145 NW 1ST STREET NO. 6 MIAMI, FL 33128	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
251 W 42 ST	
City Hialeah	FL Zip Code 33012

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: 	DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, ROBERTO O 1145 NW 1ST STREET NO. 6 MIAMI, FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date Daytime Phone #