

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104589

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** BUSINESS RELATED SERVICES, LLC

**Current Principal Place of Business:**

24600 S. TAMiami TRAIL #212  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

11300 LINDBERGH BLVD  
SUITE 111  
FT. MYERS, FL 33913 US

**Current Mailing Address:**

PO BOX 402  
ESTERO, FL 33928 US

**New Mailing Address:**

PO BOX 367658  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 20-5790448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABINESS, DAVE S  
24600 S. TAMiami TRAIL #212  
BONITA SPRINGS, FL 34134 US

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

CABINESS, DAVE S  
11300 LINDBERGH BLVD  
SUITE 111  
FT. MYERS, FL 33913 US

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:** DAVE S CABINESS

02/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CABINESS, DAVE S  
**Address:** PO BOX 402  
**City-St-Zip:** ESTERO, FL 33928 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** CABINESS, DAVE S  
**Address:** PO BOX 367658  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

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:** DAVE S CABINESS

MM

02/19/2007

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