

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# L06000111442

Entity Name: RYAN'S SERVICES, LLC.

**Current Principal Place of Business:**

799 ROYAL PALM DRIVE  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

799 ROYAL PALM DRIVE  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 20-5940612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEONARINE, RAJMATIE  
799 ROYAL PALM DRIVE  
KISSIMMEE, FL 34743    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: MGR      ( ) Delete  
Name: DEONARINE, RAJMATIE  
Address: 799 ROYAL PALM DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR      ( ) Delete  
Name: HEERALALL, TEEKARAM  
Address: 799 ROYAL PALM DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      (X) Change ( ) Addition  
Name: HEERALALL, TEEKARAM  
Address: 799 ROYAL PALM DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

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: RAJMATIE DEONARINE

MGR

04/24/2007

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