## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115396

Entity Name: SOUTH FLORIDA MANAGEMENT SERVICES, LLC

**FILED** Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9667 OREGON ROAD 4953 NW 95TH AVE BOCA RATON, FL 33434 SUNRISE, FL 33351

**Current Mailing Address: New Mailing Address:** 

PO BOX 25495 9667 OREGON ROAD BOCA RATON, FL 33434 TAMARAC, FL 33351

FEI Number: 20-5961309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KOVACS, ERIC KOVACS, ERIC 9667 ORÉGON ROAD 4953 NW 95TH AVE BOCA RATON, FL 33434 US US SUNRISE, FL 33351

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: ERIC KOVACS 04/23/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete

(X) Change ( ) Addition KOVACS, ERIV V KOVACS, ERIV V Name: Name: Address: 9667 OREGON ROAD Address: PO BOX 25495 City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: TAMARAC, FL 33351

Title: Title: MGR ( ) Change (X) Addition () Delete

Name: Name: KOMOREK, KATHLEEN Address: Address: PO BOX 25495 City-St-Zip: City-St-Zip: TAMARAC, FL 33351

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: KATHY KOMOREK 04/23/2008