

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115396

FILED
Apr 14, 2009
Secretary of State

Entity Name: SOUTH FLORIDA MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

4953 NW 95TH AVE
SUNRISE, FL 33351

New Principal Place of Business:

3801 N UNIVERSITY DR
SUITE 310
SUNRISE, FL 33351

Current Mailing Address:

PO BOX 25495
TAMARAC, FL 33351

New Mailing Address:

3801 N UNIVERSITY DR
SUITE 310
SUNRISE, 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:

KOVACS, ERIC
4953 NW 95TH AVE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

KOMOREK, KATHY
3801 N UNIVERSITY DR
SUNRISE, FL 33351 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: KATHY KOMOREK

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOVACS, ERIV V
Address: PO BOX 25495
City-St-Zip: TAMARAC, FL 33351

Title: MGR () Delete
Name: KOMOREK, KATHLEEN
Address: PO BOX 25495
City-St-Zip: TAMARAC, FL 33351

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: KOVACS, ERIV V
Address: 3801 N UNIVERSITY DR SUITE 310
City-St-Zip: SUNRISE, FL 33351

Title: P (X) Change () Addition
Name: KOMOREK, KATHLEEN
Address: 3801 N UNIVERSITY DR SUITE 310
City-St-Zip: SUNRISE, 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

P

04/14/2009

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