

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115396

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

3801 N UNIVERSITY DR  
SUITE 310  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3801 N UNIVERSITY DR  
SUITE 310  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 20-5961309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOMOREK, KATHY  
3801 N UNIVERSITY DR  
SUNRISE, FL 33351 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: P  
Name: KOMOREK, KATHLEEN  
Address: 3801 N UNIVERSITY DR SUITE 310  
City-St-Zip: SUNRISE, FL 33351

I hereby 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: KATHLEEN KOMOREK

P

04/15/2010

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