

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024372

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** ISLAND HOSPITALITY SERVICES, LLC

**Current Principal Place of Business:**

915 MIDDLE RIVER DRIVE  
SUITE 519  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

915 MIDDLE RIVER DRIVE  
SUITE 519  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 20-8573122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASHCROFT, JAMES  
915 MIDDLE RIVER DRIVE  
SUITE 521  
FT. LAUDERDALE, FL 33304 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: MGRM  
Name: US EXPORT DIRECT, INC.  
Address: 915 MIDDLE RIVER DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGRM  
Name: ADESSO, SCOTT  
Address: 915 MIDDLE RIVER DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33304

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: SCOTT ADESSO

MR

04/05/2010

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