

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033020

Entity Name: CIRCUS SERVICES LLC

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

4267 NW FEDERAL HWY  
#166  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

4267 NW FEDERAL HWY  
#166  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 20-8805950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORTIZ-MAGANA, ARTURO  
3500 SE MORNINGSIDE BLVD.  
PORT ST. LUCIE, FL 34952 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 ( ) Delete  
Name: ORTIZ-MAGANA, ARTURO  
Address: 3500 SE MORNINGSIDE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ORTIZ-MAGANA, ARTURO  
Address: 3500 SE MORNINGSIDE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: ARTURO ORTIZ-MAGANA

MGR

01/22/2009

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