

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034004

FILED
May 19, 2009
Secretary of State

Entity Name: PUNCHLIST SERVICES, LLC

Current Principal Place of Business:

9724 S.W. 125 TERRACE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

9724 S.W. 125 TERRACE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 20-8815080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUESADA, PABLO S
2333 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALDES, ALEJANDRO
Address: 9724 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Delete
Name: FATHOM ENGINEERING, INC.
Address: 9361 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Delete
Name: PLIST MEMBER LLC
Address: 9724 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEJANDRO VALDES

MGR

05/19/2009

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