

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043353

FILED
Apr 01, 2009
Secretary of State

Entity Name: CHINATOWN SERVICES LLC

Current Principal Place of Business:

2863 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

2863 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33311 US

Current Mailing Address:

2863 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33311

New Mailing Address:

2863 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33311 US

FEI Number: 26-1787478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE PROCESS SERVICES, INC.
2300 CORAL WAY
MIAMI, FL 33145 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: MGR () Delete
Name: HU, THOMAS
Address: 9070 NW 17TH STREET
City-St-Zip: PLANTATION, FL 333224333

Title: MGR () Delete
Name: HU, RITA
Address: 9070 NW 17TH STREET
City-St-Zip: PLANTATION, FL 333224333

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HU, THOMAS
Address: 9070 NW 17TH STREET
City-St-Zip: PLANTATION, FL 333224333 US

Title: MGR (X) Change () Addition
Name: HU, RITA
Address: 9070 NW 17TH STREET
City-St-Zip: PLANTATION, FL 333224333 US

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: THOMAS HU

MGR

04/01/2009

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