

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90078 002 ***543.75

DOCUMENT # L07000053529

1. Entity Name
UTOPIAN SERVICES, LLC



Principal Place of Business
**120 WATERHRUSH COURT
DAYTONA BEACH, FL 32119**

Mailing Address
**120 WATERHRUSH COURT
DAYTONA BEACH, FL 32119**

50009919



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 9798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daytona Beach, FL

City & State

City & State

Zip

Country

32120

Country

USA

07122008

Chg-LLC

CR2E083 (12/06)

4. FEL Number

26-0228808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUTLER, RONALD
1172 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MYETT, SCOTT**
STREET ADDRESS **1500 BEVILLE ROAD SUITE 606 #128**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Myett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/31/08 (386) 852-7087
Date Daytime Phone #