2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

Secretary of State DOCUMENT #L07000054663 02-28-2008 90107 013 ***138.75 METRO ORLANDO MAINTAINENCE SERVICES LLC Principal Place of Business Mailing Address 000111~~ 11512 CHESTER FIELD COURT 11512 CHESTER FIELD COURT ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business - No P.O. Box # 11512 Chestfield C+. 3. Mailing Address <u>มร์เฉ็ต</u>็ hestfield Ca Suite, Apt. #, etc Suite, Apt. #, etc 02142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Horida 26 0449393 Orlando Orlando Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 3283 Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ramkissoon RAMKISSOON, SHANI A Street Address (P.O. Box Number is Not Acceptable) 9516 MUSE PLACE ORLANDO, FL 32837 Orlando 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 d spent and title if applicable (NOTE: Registered Agent signature required when rensisting) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change ☐ Addition Shani RAMKISSOON, SHANI A MALE NAME Ramkissoor 11512 Chestfield C+ STREET ADDRESS 9516 MUSE PLACE STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZIP Orlando, Fl MGR TITLE □ Delete TITLE ☐ Change ☐ Addition RAMKISSOON, DAVE NAME NAME STREET ADORESS 11512 CHESTER FIELD COURT STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ■ Addition NAME RAMKISSOON, GRACE NAME STREET ADDRESS 11512 CHESTER FIELD COURT STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32837 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition MALAF NAME STREET ADDRESS STREET ADORESS

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11. Thereby certify that the information supplied with this filling 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.

FILED

Feb 28, 2008 8:00 am