2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000061379

Entity Name: IMANE COMMUNITY SERVICES, LLC

Current Principal Place of Business:

1944 SOUTHWEST BREEZEWAY STREET
PORT SAINT LUCIE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

1944 SOUTHWEST BREEZEWAY STREET
PORT SAINT LUCIE, FL 34987 US

New Mailing Address:

FEI Number: 01-0901138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAFLEUR, HANS PIERRE
411 ALLISON DRIVE
PALM BAY, FL 32908 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: DURAND, JANINE
Address: 1944 SOUTHWEST BREEZEWAY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MGRM ( ) Delete
Name: LAFLEUR, HANS PIERRE
Address: 411 ALLISON DRIVE
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES:

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: JANINE DURAND MGRM 04/29/2009

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