

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069261

FILED
Sep 03, 2008
Secretary of State

Entity Name: CENTURY GARDENS SERVICES LLC

Current Principal Place of Business:

5000 SW 75TH AVENUE
SUITE 103
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5000 SW 75TH AVENUE
SUITE 103
MIAMI, FL 33155

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

O'NAGHTEN, JUAN T
2665 S. BAYSHORE DRIVE
SUITE 200
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

O'NAGHTEN, JUAN T
2950 SW 27TH AVENUE
SUITE 503
MIAMI, FL 33133 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:

09/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUSTAMANTE, MARIO M
Address: 5000 SW 75TH AVENUE SUITE 103
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: COMMUNITY SERVICES L, LC
Address: 5000 SW 75TH AVENUE SUITE 103
City-St-Zip: MIAMI, FL 33155

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: MARIO M. BUSTAMANTE

MGRM

09/03/2008

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