

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079846

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** SERVICE PARCEL ES DORAL, LLC

**Current Principal Place of Business:**

2315 NW 107TH AVENUE, SUITE 1M-17  
DORAL, FL 33172

**New Principal Place of Business:**

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC  
5400 S UNIVERSITY DRIVE, SUITE 101  
DAVIE, FL 33328

**Current Mailing Address:**

2315 NW 107TH AVENUE, SUITE 1M-17  
DORAL, FL 33172

**New Mailing Address:**

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC  
5400 S UNIVERSITY DRIVE, SUITE 101  
DAVIE, FL 33328

**FEI Number:** 26-0672676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLE, ADRIENNE  
2315 NW 107TH AVENUE, SUITE 1M-17  
DORAL, FL 33172 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: EUORELATED CORP,  
Address: 2315 NW 107TH AVENUE, SUITE 1M-17  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EUORELATED CORP,  
Address: 2315 NW 107TH AVENUE, SUITE 1M-17  
City-St-Zip: DORAL, FL 33172

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: JONATHAN LOUIS

MGR

03/31/2009

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