

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093468

FILED
Feb 27, 2009
Secretary of State

Entity Name: ULTIMATE SERVICES OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

561 NW 82ND CT #189
MIAMI, FL 33126

New Principal Place of Business:

561 NW 82ND CT
SUITE 189
MIAMI, FL 33126 US

Current Mailing Address:

561 NW 82ND CT #189
MIAMI, FL 33126

New Mailing Address:

561 NW 82ND CT
SUITE 189
MIAMI, FL 33126 US

FEI Number: 26-0891875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, JUAN CARLOS
561 NW 82ND CT. #189
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

LEON, JUAN CARLOS
561 NW 82ND CT
SUITE 189
MIAMI, FL 33126 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: JUAN CARLOS LEON

02/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEON, JUAN CARLOS
Address: 561 NW 82ND CT. #189
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEON, JUAN CARLOS
Address: 561 NW 82ND CT, SUITE 189
City-St-Zip: MIAMI, FL 33126 US

Title: MGR () Change (X) Addition
Name: PINTO, MARIO
Address: 561 NW 82ND CT, SUITE 189
City-St-Zip: MIAMI, FL 33126 US

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: JUAN CARLOS LEON

MGRM

02/27/2009

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