

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093468

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-0891875      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LEON, JUAN CARLOS  
561 NW 82ND CT  
SUITE 189  
MIAMI, FL 33126 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  
**Name:** LEON, JUAN CARLOS  
**Address:** 561 NW 82ND CT, SUITE 189  
**City-St-Zip:** MIAMI, FL 33126 US

**Title:** MGR  
**Name:** PINTO, MARIO  
**Address:** 561 NW 82ND CT, SUITE 189  
**City-St-Zip:** MIAMI, FL 33126 US

I hereby 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

03/26/2010

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