2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L07000100992

Entity Name: LAVEROCK SERVICE, LLC

Current Principal Place of Business:

4570 NORTH PERRY DRIVE
BEVERLY HILLS, FL 34465

New Principal Place of Business:

4570 NORTH PERRY DRIVE
BEVERLY HILLS, FL 34465 US

Current Mailing Address:

4570 NORTH PERRY DRIVE
BEVERLY HILLS, FL 34465

New Mailing Address:

4570 NORTH PERRY DRIVE
BEVERLY HILLS, FL 34465 US

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

Name and Address of Current Registered Agent:

DECESARE, CHRISTOPHER
4570 NORTH PERRY DRIVE
BEVERLY HILLS, FL 34465 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: DECESARE, CHRISTOPHER
Address: 4570 NORTH PERRY DRIVE
City-St-Zip: BEVERLY HILLS,, FL 34465

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DECESARE, CHRISTOPHER
Address: 4570 NORTH PERRY DRIVE
City-St-Zip: BEVERLY HILLS,, FL 34465 US

Title: SEC ( ) Change (X) Addition
Name: DECESARE, REBECCA R MS
Address: 4570 N. PERRY DR.
City-St-Zip: BEVERLY HILLS, FL 34465 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: CHRISTOPHER DECESARE MGR 01/05/2008

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