


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90119 008 ***138.75

DOCUMENT # L07000104317

1. Entity Name
 PRG ELITE SERVICES, LLC



Principal Place of Business
 5326 RIVER HOMES LANE 1-206
 BONITA SPRINGS, FL 34135

Mailing Address
 5326 RIVER HOMES LANE 1-206
 BONITA SPRINGS, FL 34135

50003836



2. Principal Place of Business - No P.O. Box #
 5740 Shirley St.
 Suite, Apt. #, etc.

3. Mailing Address
 8659 River Homes Ln
 Suite, Apt. #, etc.
 #1-206

04092008 Chg-LLC CR2E083 (12/06)

City & State
 Naples, FL

City & State
 Bonita Springs, FL

Zip
 34109

Country
 USA

Zip
 34135

Country
 USA

4. FEI Number
 26-2048527

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, PAUL
 8659 RIVER HOMES LN. #1-206
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, PAUL 8659 RIVER HOMES LN, #1-206 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Paul Graham Paul GRAHAM 4/11/08 734 287 6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #