

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104810

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** AMBASSADOR NATIONWIDE SERVICES, LLC

**Current Principal Place of Business:**

12011 SOUTH WEST PINEAPPLE COURT  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

2900 TUXEDO AVENUE  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 77-0701904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, STEVEN R  
2900 TUXEDO AVENUE  
WEST PALM BEACH, FL 33405 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 ( ) Delete  
Name: LEWIS, STEVEN REED  
Address: 12011 SW PINEAPPLE COURT  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: LEWIS, STEVEN KEITH  
Address: 3761 COQUINA COVE WAY APT. 106  
City-St-Zip: PALM CITY, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN LEWIS

MGRM

03/09/2009

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