## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000120674

Entity Name: MANAGERIAL SERVICES GROUP LLC

Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6400 CARRIER DRIVE 6400 CARRIER DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 US

**Current Mailing Address: New Mailing Address:** 

6400 CARRIER DRIVE 6400 CARRIER DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 US

FEI Number: 26-1541416 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OPPENHEIM, STEVEN P OPPENHEIM, STEVEN P 800 BRICKELL AVENUE 1250 EAST HALLANDALE BEACH BLVD. **SUITE 1107** SUITE 1007 MIAMI, FL 33131 US HALLANDALE BEACH, FL 33009 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: STEVEN P. OPPENHEIM

04/17/2009 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRV Title: MGRV () Delete (X) Change ( ) Addition

BAROSS, IMRE Name: BAROSS, IMRE Name: 6400 CARRIER DRIVE Address: 6400 CARRIER DRIVE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 US

Title: MGRP () Delete Title: **MGRP** (X) Change ( ) Addition RIBA, RAMON Name: RIBA, RAMON Name:

Address: 6400 CARRIER DRIVE Address: 6400 CARRIER DRIVE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 US

Title: MGRV () Delete Title: MGRV (X) Change ( ) Addition RIBA, ANTONIO RIBA, ANTONIO Name: Name:

Address: 6400 CARRIER DRIVE Address: 6400 CARRIER DRIVE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 US

Title: ( ) Delete Title: (X) Change ( ) Addition Name: OPPENHEIM, STEVEN Name: OPPENHEIM, STEVEN

1250 EAST HALLANDALE BEACH BLVD., STE 1007 Address: 800 BRICKELL AVE STE 1107 Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: HALLANDALE BEACH, FL 33009 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: IMRE BAROSS 04/17/2009