

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120792

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** UNLIMITED SERVICE ENTERPRISES LLC

**Current Principal Place of Business:**

888 HWY. 441 S.E.  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

888 HWY. 441 S.E.  
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number:** 77-0707916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALMON, NITA  
888 HWY. 441 S.E.  
OKEECHOBEE, FL 34974 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:** SALMON, NITA  
**Address:** 888 HWY. 441 S.E.  
**City-St-Zip:** OKEECHOBEE, FL 34974 US

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** SALMON, NITA  
**Address:** 888 HWY. 441 S.E.  
**City-St-Zip:** OKEECHOBEE, FL 34974 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:** NITA SALMON

PRES

02/19/2008

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