

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043559

Entity Name: AFI SERVICES L.L.C.

FILED
Sep 01, 2009
Secretary of State

Current Principal Place of Business:

610 COLORADO PLACE UNIT 47
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

610 COLORADO PLACE UNIT 47
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 45-0595191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRAIN, JULIE ANN
610 COLORADO PLACE UNIT 47
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRAIN, JULIE ANN
Address: 610 COLORADO PLACE UNIT 47
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: FRAIN, JULIE ANN
Address: 610 COLORADO PLACE UNIT 47
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Change (X) Addition
Name: KEATING, ANDREW J
Address: 610 COLORADO PL UNIT 47
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JULIE ANN FRAIN

PRES

09/01/2009

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