

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089876

FILED
Apr 20, 2009
Secretary of State

Entity Name: FAP SERVICES LLC

Current Principal Place of Business:

815 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134

New Principal Place of Business:

815 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134 US

Current Mailing Address:

815 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134

New Mailing Address:

815 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134 US

FEI Number: 26-4335806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULY, CLEMENS W ESQ
815 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134 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: MGR () Delete
Name: ERMEL, CHRISTIAN
Address: AN DEN TREPTOWERS 1
City-St-Zip: 12435 BERLIN GERMANY, OC

Title: MGR (X) Delete
Name: HERWIG, PATRICK
Address: AN DEN TREPTOWERS 1
City-St-Zip: 12435 BERLIN GERMANY, OC

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ERMEL, CHRISTIAN
Address: AN DEN TREPTOWERS 1
City-St-Zip: BERLIN GERMANY, OC 12435 DE

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: CHRISTIAN ERMEL

MGMR

04/20/2009

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