

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091598

FILED
Jun 02, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA DOCUMENT COURIER & NOTARY SERVICES, L.L.C.

Current Principal Place of Business:

6129 GREEN RD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

P O BOX 92823
LAKELAND, FL 338042823

New Mailing Address:

FEI Number: 26-3489658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

RODRIGUEZ, COLETTE L
6129 GREEN RD
LAKELAND, FL 33810 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: MGRM () Delete
Name: RODRIGUEZ, COLETTE L
Address: 6129 GREEN RD
City-St-Zip: LAKELAND, FL 33810

Title: MGRM () Delete
Name: RODRIGUEZ, GARY M
Address: 6129 GREEN RD
City-St-Zip: LAKELAND, FL 33810

Title: MGRM () Delete
Name: RODRIGUEZ, NORMA C
Address: 126 KENILWOOD LN
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

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

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: COLETTE L. RODRIGUEZ

MGRM

06/02/2009

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