

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092054

FILED
Apr 24, 2009
Secretary of State

Entity Name: REAG SERVICES GROUP, LLC

Current Principal Place of Business:

3433 LITHIA PINECREST RD
#342
VALRICO, FL 33596 US

New Principal Place of Business:

Current Mailing Address:

3433 LITHIA PINECREST RD
#342
VALRICO, FL 33596 US

New Mailing Address:

FEI Number: 90-0416709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHNLE, STELLA
773 W LUMSDEN RD
BRANDON, FL 33511 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: NATALYA, IATSENKO
Address: 933 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Delete
Name: KONYAYEVA, INNA
Address: 3403 CYPRESS LANDING DR
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: HABER, INA
Address: 540 CARILLON PKWY #1041
City-St-Zip: ST. PETERSBURG, FL 33716 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: HABER, INA
Address: 1914 W NORTH A ST
City-St-Zip: TAMPA, FL 33606 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: NATALYA IATSENKO

MGR

04/24/2009

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