

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106316

FILED
Jul 21, 2009
Secretary of State

Entity Name: MELO BROS SERVICES LLC

Current Principal Place of Business:

7541 SW 137TH CT
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

7541 SW 137TH CT
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 26-3723488 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:

MELO, NICASIO
7541 SW 137TH CT
MIAMI, FL 33183 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: MELO, NICASIO
Address: 7541 SW 137TH CT
City-St-Zip: MIAMI, FL 33183 US

Title: MGRM () Delete
Name: MELO, FERNANDO
Address: 7405 SW 158TH PL
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM () Delete
Name: TORRES, GEOFFREY
Address: 26328 SW 140TH PL
City-St-Zip: HOMESTEAD, FL 33032 US

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: NICASIO MELO

MGRM

07/21/2009

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