

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107047

Entity Name: ACUV SERVICES LLC

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

9821 RED HEART LANE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

9821 RED HEART LANE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 37-1575869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

AGOSTO, CARMEN M MGR
9821 RED HEART LN
TAMARC, FL 33321 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: CARMEN M AGOSTO

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ECHEMENDIA, ALEX
Address: 9821 RED HEART LANE
City-St-Zip: TAMARAC, FL 33321

Title: MGR () Delete
Name: AGOSTO, CARMEN M
Address: 9821 RED HEART LANE
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: AGOSTO, CARMEN M
Address: 9821 RED HEART LANE
City-St-Zip: TAMARAC, FL 33321

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: CARMEN M AGOSTO

MGR

04/09/2009

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