2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109872

22507 SW 94 PATH

MIAMI, FL 33190 US

Address:

City-St-Zip:

Entity Name: D REMOVAL SERVICES, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	•			
10350 SW 204	216 STREET			
MIAMI, FL	33190 US			
Current Mailing Address:			New Mailing Address:	
10350 SW 204	216 STREET			
MIAMI, FL	33190 US			
FEI Number:	26-3788695	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
10350 SW 204	ALVARO JR 216 STREET 33190 US			
	of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () TOLOSA, ALVA 10350 SW 216 MIAMI, FL 3319	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () GUTIERREZ, C, 10350 SW 216 MIAMI, FL 3319	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () RODRIGUEZ, M 22507 SW 94 P MIAMI, FL 3319	ATH	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM ()	Delete M	Title:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: ALVARO TOLOSA MR 04/30/2009