

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000847

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SIU SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

1515 EAST LIVINGSTON STREET  
SUITE-A  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1515 EAST LIVINGSTON STREET  
SUITE-A  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 26-3991794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILEY, SEAN C  
1515 EAST LIVINGSTON STREET  
SUITE-A  
ORLANDO,, FL 32803 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  
Name: GILLEY, SEAN C  
Address: 1515 E LIVINGSTON STREET,SUITE-A  
City-St-Zip: ORLANDO, FL 32803

Title: MGR  
Name: FORMAN, BRIAN T  
Address: 1515 E. LIVINGSTON STREET, SUITE-A  
City-St-Zip: ORLANDO, FL 32803

I hereby 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: SEAN C GILLEY

MGR

04/30/2010

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