

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068034

Entity Name: EPARS SERVICES, LLC

FILED  
Jan 16, 2012  
Secretary of State

**Current Principal Place of Business:**

515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 10-0283076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 U.S NO. 1, 3RD FLOOR  
NORTH PALM BEACH, FL 33408 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: MGRM  
Name: CUILLO, ROBERT S  
Address: 515 N FLAGLER DRIVE, STE 808  
City-St-Zip: WEST PALM BEACH, FL 334014324 US

Title: TCOO  
Name: JACK, KAMINSKI J  
Address: 515 N FLAGLER DRIVE, SUITE 808  
City-St-Zip: WEST PALM BEACH, FL 334014324 US

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: ROBERT S. CUILLO

MGRM

01/16/2012

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