2008 Limited Liability Company Annual Report

DOCUMENT # L97000000767

1. Entity Name

P&D SERVICES INT'L, LC



Principal Place of Business

37 NE 28 STREET

Mailing Address

37 NE 28 STREET MIAMIL FL 33137

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90026 006 ***150.00

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MIAMI, FL 3	313/ MIAMI, FL 3313/		OGONONET					
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•		• •	04172008 No Chg-LLC	04172008 No Chg-LLC CR2E083 (12/07)				
	O NOT WRITE IN THIS SPA	CE	4. FEI Number Applied For					
			65-0767151	Not Applicable				
,		•	5. Certificate of Status Desired	\$5.00 Additional Fee Required				
	6. Name and Address of Current Registered Agent			7 00 11040.00				
IZARRA, F			DO NOT WRITE					
2 000 NORTH BAY SHORE DT APT 122 —				i				
37 1	UE 28 ST		IN THIS SPACE					
MI	AMI For 33/37							
8. The above	named entity submits this statement for the purpose of changing its registi	ered office or regi	stered agent, or both, in the State of Flor	ida. I am familiar with, and accept				
trie obliga	tions of registered appnt.							
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr	ered Agent signature req	Jeed the state line	DATE				
	Agriculture, types or printed ritating or regulated dyaris and one is applicable. [170] E. Frey'so	ared Agent algrididie red	ureu erer ren isiaury)	DATE				
	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		:					
9.	MANAGING MEMBERS/MANAGERS							
TITLE	MEMP		* * *					
NAME STREET ADDRESS	IZARRA, ROKO 2000 NORTH BAY SHORE DR APT 122			. 1				
CITY-ST-ZIP	MIAMI, FL 33137		-	,				
TITLE	MEMV	1						
NAME	LEI, CARLA	1						
STREET ADDRESS	2000 NORTH BAY SHORE DR APT 122	H						
CITY-ST-ZIP 1	MIAMI, FL 33137	_{_{_{1}}}		'				
TITLE	2 1055 - 7	1						
NAME - STREET ADDRESS:								
CITY-ST-ZIP			DO NOT W	RITE				
TITLE		-[]		.]				
NAME			IN THIS SP	ACE				
STREET ADDRESS		1]				
CITY-ST-ZIP			*					
TITLE		-1	•					
NAME		11 -		•				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 trostee empowered to execute this report as required by Chapter 608, Florida Statutes.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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CARRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #