

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

FILED
 7/1/23
 (1)

LIMITED LIABILITY COMPANY
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 JUL 19 PM 3:33

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000001019
 RELOCATION SERVICES, L.C.
 1440 CORAL RIDGE DRIVE, SUITE 133
 CORAL SPRINGS FL 33071

1a. Principal Place of Business Address
~~1440 CORAL RIDGE DRIVE, SUITE 133
 CORAL SPRINGS FL 33071~~

2. Principal Place of Business
 1217-D SOUTH MILITARY TRAIL
 Suite, Apt. #, etc.
 City & State
 WEST PALM BEACH, FL
 Zip
 33415
 Country
 USA

2a. Mailing Address
 1217-D SOUTH MILITARY TRAIL
 Suite, Apt. #, etc.
 City & State
 WEST PALM BEACH, FL
 Zip
 33415
 Country
 USA

3. Date Organized or Qualified
 07/10/1998
 4. FEI Number
 65-0850283
 5. Date of Last Report
 NA

3a. State of Formation
 FL
 Applied For
 Not Applicable
 6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 LEE, MONICA
 1440 CORAL RIDGE DRIVE, SUITE 133
 CORAL SPRINGS FL 33071

8. Name and Address of New Registered Agent/Office
 Name
 MONICA LEE
 Street Address (P.O. Box Number is Not Acceptable)
 1217-D SOUTH MILITARY TRAIL
 Suite, Apt. #, etc.
 City
 WEST PALM BEACH FL
 Zip Code
 33415

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LEE, MONICA	1440 CORAL RIDGE DRIVE, SUITE 133 1217-D SOUTH MILITARY TRAIL	CORAL SPRINGS FL WEST PALM BEACH, FL 33415

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11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Monica Lee 7/13/99 (561) 649-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

