

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007842 1. Entity Name FRED EXECUTIVE RELOCATION SERVICES, L.L.C.					
Principal Place of Business 7995-B PRESERVE CIRCLE NAPLES FL 34119			Mailing Address 7995-B PRESERVE CIRCLE NAPLES FL 34119		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3619750	
5. Certificate of Status Desired ☐				Applied Fee \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONROY III, J. THOMAS 2640 GOLDEN GATE PKWY STE 115 NAPLES FL 34105				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTESTIO, FRANK P JR. 7995-B PRESERVE CIRCLE NAPLES FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000541065 05/10/06-00043-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINKELSTEIN, EDWARD S 17842 ARGYLE TERRACE BOCA RATON FL 33490	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINKELSTEIN, EDWARD S 17842 ARGYLE TERRACE BOCA RATON FL 33490	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____