

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90070 003 ****50.00

DOCUMENT # M99000000597

1. Entity Name

MANAGEMENT SERVICES HOLDINGS, L.L.C.



Principal Place of Business

3399 PGA BLVD., SUITE 450
PALM BEACH GARDENS FL 33410

Mailing Address

3399 PGA BLVD., SUITE 450
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

4170 SW Grove Street

3. Mailing Address

P.O. Box 1756

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

PALM City, FL

City & State

PALM City FL

Zip

34990

Country

Martin

Zip

34991

Country

Martin

4. FEI Number

65-0904610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, KEITH L
3399 PGA BLVD., SUITE 450
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

DANIEL J. STEINBERG

Street Address (P.O. Box Number is Not Acceptable)

4170 SW Grove Street

City

PALM CITY

FL

Zip Code

34990

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DTC HOLDINGS, LLC	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CONCEPTS IN GREENERY LANDSCAPE MAINTENANC	
STREET ADDRESS	P.O. BOX 1756	
CITY - ST - ZIP	PALM CITY FL 34991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I 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 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.

SIGNATURE:

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

DATE

Daytime Phone #