


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # P05000156323
 1. Entity Name
 L. L. HOLDING SERVICES, INC.



Principal Place of Business 16500 NW 7TH AVENUE SUITE 333 MIAMI, FL 33169	Mailing Address 16500 NW 7TH AVENUE SUITE 333 MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3835082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERWILLIGER, THOMAS E
 16500 NW 7TH AVENUE
 SUITE:300
 MIAMI, FL 33169

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERWILLIGER, THOMAS E 16500 NW 7TH AVE. SUITE:300 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONOVA, LIOUDMILA 2821 NE 185TH ST. #403 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, NAN 16500 NW 7TH AVENUE SUITE 300 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/08-80102-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *[Signature]* 12/31/07 7862678444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #