

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000167909

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC6262007154**

**Entity Name:** SERV IT LLC

**Current Principal Place of Business:**

SERV HOUSE, UNIT 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
LAINDON, ES SS15-6SD

**Current Mailing Address:**

SERV HOUSE, UNIT 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
LAINDON, ES SS15-6SD UK

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GOFF, MICHELLE L  
217 N JOHN YOUNG PKWY.  
KISSIMMEE, FL 34741 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	HOWARD, JAMIE	Name	HOWARD, SARAH E
Address	SERV HOUSE,36 HORNSBY SQ, SOUTHFIELDS	Address	SERV HOUSE,36 HORNSBY SQ, SOUTHFIELDS
City-State-Zip:	BUSINESS PARK, LAINDON ES SS15- 6SD	City-State-Zip:	BUSINESS PARK, LAINDON ES SS15- 6SD
Title	MGR	Title	MGR
Name	RAIFE, LEE R	Name	RAIFE, JODIE T
Address	SERV HOUSE,36 HORNSBY SQ, SOUTHFIELDS	Address	SERV HOUSE,36 HORNSBY SQ, SOUTHFIELDS
City-State-Zip:	BUSINESS PARK, LAINDON ES SS15- 6SD	City-State-Zip:	BUSINESS PARK, LAINDON ES SS15- 6SD

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMIE HOWARD

**MGR**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date