


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90266 020 ***138.75

DOCUMENT # L00000015294

1. Entity Name
SERVICE ACE, L.L.C.




Principal Place of Business Mailing Address
1606 NW 10TH ST **1606 NW 10TH ST**
OCALA, FL 34475 **OCALA, FL 34475**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60015409



02292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3686143

5. Certificate of Status Desired **\$5.00** Additional Fee Required -

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

WORTHINGTON, LINDA L
8490 NW 118TH TERRACE
OCALA, FL 34482

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WORTHINGTON, FRED G	
STREET ADDRESS	8490 NW 118TH TERRACE	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WORTHINGTON, THOMAS E	
STREET ADDRESS	3325 SW 97TH CT	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEHMAN, J. SCOTT	
STREET ADDRESS	10440 SW 54TH CT	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WORTHINGTON, LINDA L	
STREET ADDRESS	8490 NW 118TH TERRACE	
CITY-ST-ZIP	OCALA, FL 34482	
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		

11. 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 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:  **3-14-08 352-629-5775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #