

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 18, 2009  
Secretary of State**

DOCUMENT# L00000015294

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

**Current Principal Place of Business:**

1606 NW 10TH ST  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

1606 NW 10TH ST  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 59-3686143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WORTHINGTON, FRED G  
Address: 8490 NW 118TH TERRACE  
City-St-Zip: Ocala, FL 34482

Title: MGRM ( ) Delete  
Name: WORTHINGTON, THOMAS E  
Address: 3325 SW 97TH CT  
City-St-Zip: Ocala, FL 34481

Title: MGRM ( ) Delete  
Name: LEHMAN, J. SCOTT  
Address: 10440 SW 54TH CT  
City-St-Zip: Ocala, FL 34476

Title: MGRM ( ) Delete  
Name: WORTHINGTON, LINDA L  
Address: 8490 NW 118TH TERRACE  
City-St-Zip: Ocala, FL 34482

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: J. SCOTT LEHMAN

MGRM

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date