

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

**DOCUMENT#** L06000064646

**Entity Name:** DOCUMENT SERVICES OF SEBRING, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

131 EAST CENTER STREET  
SEBRING, FL 33870

2501 PAR LANE  
SEBRING, FL 33872

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 7095  
SEBRING, FL 33872

**FEI Number:** 14-1967787

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

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

GUEITS, JACQUELINE  
2802 PAR ROAD  
SEBRING, FL 33872 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

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MRS ( ) Delete  
Name: GUEITS, JACQUELINE PRES  
Address: 131 EAST CENTER AVE  
City-St-Zip: SEBRING, FL 33872

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: JACQUELINE GUEITS

MRS

04/30/2009

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