

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000072243

**Entity Name:** PRS SERVICES, LLC

**Current Principal Place of Business:**

% SHARON C BRANNAN CPA PA  
161 N MAIN ST  
WILLISTON, FL 32696

**Current Mailing Address:**

P O BOX 140213  
GAINESVILLE, FL 32614 US

**FEI Number:** 20-3187007

**Certificate of Status Desired:** No

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

SHARON C BRANNAN CPA PA  
161 N MAIN STREET  
WILLISTON, FL 32696 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 MGRM  
Name SHOE, PAUL R  
Address P O BOX 359  
City-State-Zip: GAINESVILLE FL 32602

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL SHOE

MGRM

08/31/2013

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

\_\_\_\_\_ Date