

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000093014

Entity Name: FREEPORT BUSINESS SERVICES LLC

Current Principal Place of Business:

13418 VALERIE DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

13418 VALERIE DRIVE
PENSACOLA, FL 32507 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, MARK A
927 BLACK CREEK BLVD
FREEPORT, FL 32439 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
Name OWENS, PATRICIA M
Address 13418 VALERIE DR
City-State-Zip: PENSACOLA FL 32507

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: PATRICIA OWENS

MANAGER

03/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date