

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114141

**Entity Name:** SLB SERVICES GROUP, LLC

**Current Principal Place of Business:**

100 NORTH TAMPA STREET - SUITE2700  
C/O R. J. WOLFE  
TAMPA, FL 33602-5810

**Current Mailing Address:**

P.O. BOX 1066  
VALRICO, FL 33595-1066 US

**FEI Number:** 27-3160145

**Certificate of Status Desired:** No

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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 BRESSE, MICHAEL P  
Address P.O. BOX 1066  
City-State-Zip: VALRICO FL 33595-1066

*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:** MICHAEL P. BRESSE

**MANAGER**

**01/08/2015**

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

\_\_\_\_\_  
Date