

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005530

**Entity Name:** SBM FACILITY SERVICES, LLC

**Current Principal Place of Business:**

5241 ARNOLD AVE  
MCCLELLAN, CA 95652

**Current Mailing Address:**

5241 ARNOLD AVE  
MCCLELLAN, CA 95652

**FEI Number:** 26-1367999

**Certificate of Status Desired:** No

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

PARDO, GINO  
4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 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:** GINO PARDO

04/02/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SOMERS, CHARLES  
Address 5241 ARNOLD AVE  
City-State-Zip: MCCLELLAN CA 95652

Title MGR  
Name TRACY, DON  
Address 5241 ARNOLD AVE  
City-State-Zip: MCCLELLAN CA 95652

Title MGR  
Name ALVARADO, RON  
Address 5241 ARNOLD AVE  
City-State-Zip: MCCLELLAN CA 95652

Title AUTHORIZED REPRESENTATIVE  
Name ALVARADO, MARY  
Address 5241 ARNOLD AVE  
City-State-Zip: MCCLELLAN CA 95652

*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:** MARY B ALVARADO

ACCOUNTING  
ADMINISTRATOR

04/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date