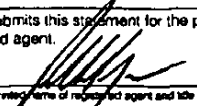
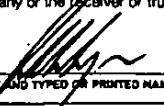


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-28-2008 90033 041 ***143.75

DOCUMENT # L00000006674			
1. Entity Name W & H SERVICES, LLC			
Principal Place of Business 4605 RIVER CLOSE BLVD VALRICO, FL 33594 111 VALLEY KNOLL BOERNE TX 78006		Mailing Address 4605 RIVER CLOSE BLVD VALRICO, FL 33594 111 VALLEY KNOLL BOERNE TX 78006	
2. Principal Place of Business - No P.O. Box # 111 VALLEY KNOLL		3. Mailing Address 111 VALLEY KNOLL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOERNE TX		City & State BOERNE	
Zip 78006	Country WA	Zip TX	Country 78006
4. FEI Number 65-1014462		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WIGGINS, ROBERT 4605 RIVER CLOSE BLVD VALRICO, FL 33594		7. Name and Address of New Registered Agent Name: MIKE FITZGERALD Street Address (P.O. Box Number is Not Acceptable): 115 PINWOOD AVE City: BRANDON FL Zip Code: 33510	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  ROBERT WIGGINS DATE: 4/23/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, ROBERT B 4605 RIVER CLOSE BLVD VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, ROBERT B 111 VALLEY KNOLL BOERNE TX 78006 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  ROBERT WIGGINS		Date: 4/23/08 Daytime Phone # 813 323 2710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30009029



04092008 Chg-LLC CR2E083 (12/06)

6/1/08