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Secretary of State

04-28-2008 90033 041 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000006674

1. Entity Name
W & H SERVICES, LLC

Principal Place of Business	Mailing Address
4605 RIVER CLOSE BLVD VALRICO, FL 33594 111 VALLEY KNOLL BOERNE TX 78006	4605 RIVER CLOSE BLVD VALRICO, FL 33594 111 VALLEY KNOLL BOERNE TX 78006

30009029

04092008 Chg-LLC CR2E083 (12/06)

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 USA	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	7. Name and Address of New Registered Agent
WIGGINS, ROBERT 4605 RIVER CLOSE BLVD VALRICO, FL 33594	Name MIKE FITZGERALD Street Address (P.O. Box Number is Not Acceptable) 115 PINEWOOD AVE BRANDON City BRANDON FL Zip Code 33510

6/1/08

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 [signature] ROBERT WIGGINS 4/23/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] ROBERT WIGGINS 4/23/08 813 323 2710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #