

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007265

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: FACC SERVICES GROUP, L.L.C.

## Current Principal Place of Business:

3544 MACLAY BLVD.  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

## Current Mailing Address:

3544 MACLAY BLVD.  
TALLAHASSEE, FL 32312

## New Mailing Address:

FEI Number: 59-3660274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAGGETT, FRED W  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WADSWORTH, GAIL HON  
Address: P. O. BOX 787  
City-St-Zip: BUNNELL, FL 32110 US

Title: MGR ( ) Delete  
Name: BROCK, DWIGHT HON  
Address: 3301 TAMiami TRAIL E., BLDG L  
City-St-Zip: NAPLES, FL 34112 US

Title: MGR ( ) Delete  
Name: GILLIAM, JOSEPH W HON  
Address: 112 SOUTH MAIN STREET  
City-St-Zip: TRENTON, FL 32693 US

Title: MGR ( ) Delete  
Name: INGLE, MARTHA HON  
Address: P. O. BOX 1260  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: MGR ( ) Delete  
Name: NORMAN, RAY  
Address: 945 N. TEMPLE AVE.  
City-St-Zip: STARKE, FL 32091 US

Title: MGR ( ) Delete  
Name: SHORES, CHIPS HON  
Address: 1115 MANATEE AVE., W.  
City-St-Zip: BRADENTON, FL 34206 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HILL, ROBERT HON  
Address: PO BOX 399  
City-St-Zip: BRISTOL, FL 32321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARTHA INGLE

MGR

02/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date