


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000009278</b> 1. Entity Name <b>EAGLE FINANCIAL SERVICES, LLC</b>	
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Principal Place of Business <b>356 GOLFVIEW ROAD, UNIT 803 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>356 GOLFVIEW ROAD, UNIT 803 NORTH PALM BEACH, FL 33408</b>
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>65-1027887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**CAPALBO, GLENN A  
356 GOLFVIEW ROAD, UNIT 803  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

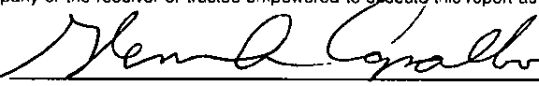
000000021395  
02/19/08-80022-014 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CAPALBO, GLENN A 356 GOLFVIEW ROAD, UNIT 803 NORTH PALM BEACH, FL 33408</b>
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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:**  **GLENN A CAPALBO** 2/7/08 561-627-5978

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