

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010666

Entity Name: LDF SERVICES LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

1111 STATE AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1111 STATE AVE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3681233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FUNICELLO, LINDA A
9 CHARLESTON SQUARE
ORMOND BEACH, FL 32174 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FUNICELLO, LINDA A
Address: 1111 STATE AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: V () Delete
Name: FUNICELLO, DANIEL
Address: 1111 STATE AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

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: LINDA FUNICELLO

P

06/15/2009

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