2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
04-09-2008 90127 025 ***138.75

DOCUMENT # L01000007200

1. Entity Name
FACILITY RESOURCE SERVICES LLC

30005424

Principal Place of Business	Mailing Address
202 LAKE MIRIAM DRIVE SUITE E-3 LAKELAND, FL 33813	4798 SOUTH FLORIDA AVENUE PMB 308 LAKELAND, FL 33813

03272008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718955
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODROW, KRAIG
5405 ORANGE VALLEY DRIVE
LAKELAND, FL 33813

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: Kraig Woodrow DATE: 4/29/08
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOODROW, KRAIG
STREET ADDRESS	5405 ORANGE VALLEY DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	WOODROW, KURTIS
STREET ADDRESS	184 ROUTE 47 SOUTH
CITY-ST-ZIP	CAPE MAY COURT HOUSE, NJ 08210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kraig Woodrow 4/29/08 863-248-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #