2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000013678

1. Entity Name
SERVICE ONE SERVICES, LLC

Principal Place of Business	Mailing Address
1241 ARREDONDO GRANT ROAD DELEON SPRINGS, FL 32130	1241 ARREDONDO GRANT ROAD DELEON SPRINGS, FL 32130

DO NOT WRITE IN THIS SPACE

02252004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3738955	Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE - SUITE B-1
PORT ORANGE, FL 32127

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_____

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

Filing Fee is $50.00
Due by May 1, 2004

U00000089421
03/15/04-80090-020 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JUNGWIRTH, MICHAEL J
STREET ADDRESS	1241 ARREDONDO GRANT ROAD
CITY-ST-ZIP	DELEON SPRINGS, FL 32130

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____   3/10/04   386 985
                                                            2848

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