


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015393 1. Entity Name GREAT SOUTHERN SERVICES, LLC		
Principal Place of Business 1620 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750		Mailing Address 1608 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750
4. FEI Number 59-3743272		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVE. SUITE 1500 ORLANDO, FL 32803		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	GREAT SOUTHERN WATER TREATMENT INC.	
STREET ADDRESS	1608 N. COUNTRY ROAD 427	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	MGRM	
NAME	MOSES, ALEX J	
STREET ADDRESS	2125 SILVER LEAF CT.	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 60B, Florida Statutes.		
SIGNATURE: 		4/7/05 407-830-0107 <small>Date Daytime Phone #</small>



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