# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 04, 2009**
**Secretary of State**

DOCUMENT# L01000015393

**Entity Name:** GREAT SOUTHERN SERVICES, LLC

**Current Principal Place of Business:**

1624 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

**New Principal Place of Business:**

1608 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

**Current Mailing Address:**

1608 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number: 59-3743272** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete
Name: GREAT SOUTHERN WATER, TREATMENT INC .
Address: 1608 N. COUNTRY ROAD 427
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: MOSES, ALEX J
Address: 2125 SILVER LEAF CT.
City-St-Zip: LONGWOOD, FL 32779

**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: ALEX J MOSES MR 03/04/2009

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