


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90042 046 ***138.75

DOCUMENT # L02000009137					
1. Entity Name TOWN AND COUNTRY SERVICES, LLC					
Principal Place of Business 4757 SIMCOE STREET PALM HARBOR, FL 34683			Mailing Address 4757 SIMCOE STREET PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3640389	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BETTS, AMY K 4757 SIMCOE STREET PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETTS, AMY K 218 5TH AVE SALT LAKE CITY, UT 84103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETTS, AMY K 4757 SIMCOE ST. PALM HARBOR, FL 34683
<input type="checkbox"/> Change		<input type="checkbox"/> Addition		<input type="checkbox"/> Change	
<input type="checkbox"/> Addition		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition		<input type="checkbox"/> Change	
<input type="checkbox"/> Addition		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition		<input type="checkbox"/> Change	
<input type="checkbox"/> Addition		<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
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: <i>Kris Keller</i>			Manager		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
Daytime Phone #			1-8-08		
727-934-4619			727-934-4619		