

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 009 ****50.00

0047428

DOCUMENT # L02000014801

1. Entity Name
TRIAL SERVICES, LLC



Principal Place of Business
**3203 ALBERT DRIVE
TALLAHASSEE FL 32309
US**

Mailing Address
**3203 ALBERT DRIVE
TALLAHASSEE FL 32309
US**

2. Principal Place of Business
3827 Overlook Drive
Suite, Apt. #, etc.

3. Mailing Address
3827 Overlook Dr.
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32311
Country
USA

City & State
Tallahassee, FL
Zip
32311
Country
USA

4. FEI Number
36-4499334

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FEAGIN, ROBERT R IV
3203 ALBERT DRIVE
TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

Name **Robert R. Feagin IV**
Street Address (P.O. Box Number is Not Acceptable)
3827 Overlook Drive
City **Tallahassee** FL Zip Code **32311**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEAGIN, ROBERT R IV 3203 ALBERT DRIVE TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)