

**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	<b>MGRM</b> <b>FEAGIN, ROBERT R IV</b> <b>3203 ALBERT DRIVE</b> <b>TALLAHASSEE FL 32309</b> <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)