LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023577

1. Entity Name
AT YOUR SERVICE, LLC

FILED
03 MAR 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
2934 W. LAWN AVE.	2934 W. LAWN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33611 Country: USA	Zip: 33611 Country: USA

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4. FEI Number: 02-0642606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: LESLIE KIRKPATRICK
Street Address (P.O. Box Number is Not Acceptable): 2934 W. LAWN AVE.
City: TAMPA FL Zip Code: 33611

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGMR	TITLE	
NAME	LESLIE KIRKPATRICK	NAME	
STREET ADDRESS	2934 W. LAWN AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #