

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90160 032 ***143.75

DOCUMENT # L02000027582

1. Entity Name

FREDDIES MOVING SERVICES, LLC



Principal Place of Business

1199 ROMNEY STREET → No
JACKSONVILLE FL 32211
US

Mailing Address

1199 ROMNEY STREET
JACKSONVILLE FL 32211
US



2. Principal Place of Business - No P.O. Box #

1120 Romney St
Suite, Apt. #, etc.
#5

3. Mailing Address

Same
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Jacksonville

City & State

4. FEI Number

55-0802635

Applied For

Not Applicable

Zip

32211

Country

Duval

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWLAND, MARY A
705 GROVE PARK BLVD
JACKSONVILLE FL 32216

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

Mary Ann Rowland

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/08

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	ROWLAND, MARY A	705 GROVE PARK BLVD	JACKSONVILLE FL 32216	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	ROWLAND, WILLIAM E	705 GROVE PARK BLVD	JACKSONVILLE FL 32216	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Mary Ann Rowland MARY Ann Rowland 4/30/08

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

Date

904-745-
5070

Daytime Phone #