

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000007509

**FILED  
Jan 07, 2006  
Secretary of State**

**Entity Name:** THIS THAT SERVICE, L.L.C.

**Current Principal Place of Business:**

209 PECAN LN  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 684  
NOKOMIS, FL 34274

**New Mailing Address:**

**FEI Number:** 90-0061957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRZYSZTOF, WAWRO  
2043 VINSON AVENUE  
SARASOTA, FL 34232      US

**Name and Address of New Registered Agent:**

KRZYSZTOF, WAWRO  
209 PECAN LN.  
NOKOMIS, FL 34275      US

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.

**SIGNATURE:** KRZYSZTOF WAWRO

01/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM       Delete  
Name: KRZYSZTOF, WAWRO  
Address: 209 PECAN LN  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES:**

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** KRZYSZTOF WAWRO

MGR

01/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date