## 2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT** DOCUMENT # L03000011204 1. Entity Name DREWCO SERVICES, L.L.C.



**FILED** Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

206 QUAY ASSISI

NEW SMYRNA BEACH, FL 32169

206 QUAY ASSISI

NEW SMYRNA BEACH, FL 32169



02272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	•	Applied For Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.

150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
algiNATURE.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered	Agent signature required when reinstating). DATE
FILE After May	: NOWI!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, ERVIN E 206 QUAY ASSISI NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000846990 03/18/08-80050-022 138.75
TITLE		
NAME STREET ADORESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		·
CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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