

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020136

1. Entity Name
UNITED SERVICES LLC



Principal Place of Business
**82 JENNIFER CIRCLE
PONCE INLET, FL 32127**

Mailing Address
**82 JENNIFER CIRCLE
PONCE INLET, FL 32127**



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3692506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TEVIS, EARL F
82 JENNIFER CIRCLE
PONCE INLET, FL 32127**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEVIS, EARL F 82 JENNIFER CIR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEVIS, STEVEN E 116 ESSEX DRIVE ORMOND BEACH, FL 32178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: *Earl F Tevis*, **EARL F TEVIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/05 (386) 767-8237
Daytime Phone #