

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031189

FILED
Feb 25, 2008
Secretary of State

Entity Name: ROYSTON COMPUTER SERVICES, LLC

Current Principal Place of Business:

360 TRADEWINDS DR
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

360 TRADEWINDS
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 51-0480645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYSTON, RICHARD
360 TRADEWINDS
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROYSTON, RICHARD K
Address: 360 TRADEWINDS
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR () Delete
Name: ROYSTON, KAY V
Address: 360 TRADEWINDS
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR () Delete
Name: ROYSTON, KATHLEEN R
Address: 360 TRADEWINDS
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: STRICKLAND, KATHLEEN R
Address: 360 TRADEWINDS
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: RICHARD ROYSTON

MGR

02/25/2008

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