2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# L03000042401

Entity Name: EASON'S SITE SERVICES, LLC

Current Principal Place of Business:

5842 ESPANOLA AVE
NORTH PORT, FL 34287

New Principal Place of Business:

8112 HOLSTER AVE
NORTH PORT, FL 34287

Current Mailing Address:

5842 ESPANOLA AVE
NORTH PORT, FL 34287

New Mailing Address:

8112 HOLSTER AVE
NORTH PORT, FL 34287

FEI Number: 77-0612827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EASON, JUSTIN D
5842 ESPANOLA AVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

EASON, JUSTIN D
8112 HOLSTER AVE
NORTH PORT, FL 34287 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: JUSTIN EASON 03/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EASON, DEBORAH
Address: 5842 ESPANOLA AVE
City-St-Zip: NORTH PORT, FL 34287

Title: MGR ( ) Delete
Name: EASON, JUSTIN D
Address: 5842 ESPANOLA AVE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: EASON, JUSTIN D
Address: 8112 HOLSTER AVE
City-St-Zip: NORTH PORT, FL 34287

Title: MGR (X) Change ( ) Addition
Name: EASON, SARA L
Address: 8112 HOLSTER AVE
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN EASON MGR 03/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date