


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**


02-08-2008 90099 029 \*\*\*138.75

<b>DOCUMENT # L03000051675</b> 1. Entity Name <b>FULL SERVICE, LLC</b>	
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Principal Place of Business <b>16053 MYAKKA RD SARASOTA, FL 34240</b>	Mailing Address <b>16053 MYAKKA RD SARASOTA, FL 34240</b>
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**DO NOT WRITE IN THIS SPACE**

**30001621**



01292008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0468496</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOUISO, MARTIN  
16053 MYAKKA RD  
SARASOTA, FL 34240**

**DO NOT WRITE  
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.

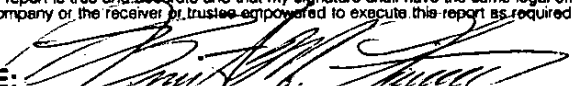
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, LOUISO 16053 MYAKKA ROAD SARASOTA, FL 34240
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**DO NOT WRITE  
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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 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:**  **EXP 3-6-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_