

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052023

FILED  
Jul 12, 2005  
Secretary of State

Entity Name: DARRELL PORTER SERVICES LLC

## Current Principal Place of Business:

4548 YORKSHIRE LANE  
KISSIMMEE, FL 34758

## New Principal Place of Business:

13619 HATCHINEHA RD  
HAINES CITY, FL 33844

## Current Mailing Address:

4548 YORKSHIRE LANE  
KISSIMMEE, FL 34758

## New Mailing Address:

13619 HATCHINEHA RD  
HAINES CITY, FL 33844

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PORTER, DARRELL  
4548 YORKSHIRE LANE  
KISSIMMEE, FL 34758 US

## Name and Address of New Registered Agent:

PORTER, DARRELL  
13619 HATCHINEHA RD  
HAINES CITY, FL 33844 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: DARRELL PORTER

07/12/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PORTER, DARRELL  
Address: 4548 YORKSHIRE LANE  
City-St-Zip: KISSIMMEE, FL 34758

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PORTER, DARRELL  
Address: 13619 HATCHINEHA RD  
City-St-Zip: HAINES CITY, FL 323844

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARRELL PORTER

MGRM

07/12/2005

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