

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057316

Entity Name: ANDY WHITE SERVICES, LLC

FILED  
Jan 18, 2005  
Secretary of State

## Current Principal Place of Business:

405 CHANCELLOR COURT  
ST CLOUD, FL 34769 US

## New Principal Place of Business:

## Current Mailing Address:

405 CHANCELLOR COURT  
ST CLOUD, FL 34769 US

## New Mailing Address:

FEI Number: 20-0530251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, ANDY  
405 CHANCELLOR COURT  
ST CLOUD, FL 34769 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: WHITE, ANDY  
Address: 405 CHANCELLOR COURT  
City-St-Zip: ST CLOUD, FL 34769 US

Title: MGRM (X) Delete  
Name: WHITE, ZACHARY  
Address: 1418 GEORGIA AVENUE  
City-St-Zip: ST CLOUD, FL 34769 US

Title: MGRM (X) Delete  
Name: CAMPBELL, HOLLIS  
Address: 1107 DELAWARE AVENUE  
City-St-Zip: ST. CLOUD, FL 34769 US

## ADDITIONS/CHANGES:

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

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

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

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: ANDY WHITE

MGMR

01/18/2005

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