


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000004849
 1. Entity Name
ISLAND SERVICE, LLC



Principal Place of Business Mailing Address
228 EIGHTH AVE **228 EIGHTH AVE**
INDIALANTIC, FL 32903 **INDIALANTIC, FL 32903**

DO NOT WRITE IN THIS SPACE



03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1213954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, JERRY G
228 EIGHTH AVE
INDIALANTIC, FL 32903

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:  Jerry G Jones 4/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

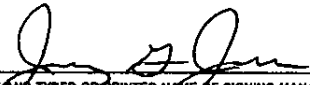
U00000289063
 04/22/08-80037-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JERRY 228 EIGHTH AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENSLEY, JAMES 1745 LARCHMONT CT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Jerry G Jones 4/9/08 321-726-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #