

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000006899

1. Entity Name
XPR SERVICES, LLC



Principal Place of Business
5234 75TH PL
LIVE OAK, FL 32060

Mailing Address
5234 75TH PL
LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE



07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
11-3711898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, PAUL
5234 75TH PL
LIVE OAK, FL 32060

**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

Signature, typed or printed name of registered agent on this application

(NOTE: Registered Agent signature required when transferring)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

U00000568814
07/10/06-80008-021 50.00

**DO NOT WRITE
IN THIS SPACE**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRIFFITH, PAUL
STREET ADDRESS	5234 75TH PL
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

OFFICE OF THE SECRETARY OF STATE