

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011179

Entity Name: I T SERVICES, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

457 LOMA BONITA DR
DAVENPORT, FL 33837

New Principal Place of Business:

254 HILLS BAY DR
DAVENPORT, FL 33896

Current Mailing Address:

457 LOMA BONITA DR
DAVENPORT, FL 33837

New Mailing Address:

254 HILLS BAY DR
DAVENPORT, FL 33837

FEI Number: 20-0859623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERRETT, IVO F
457 LOMA BONITA DR
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

TERRETT, IVO F
254 HILLS BAY DR
DAVENPORT, FL 33837 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: IVO TERRETT

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TERRETT, IVO
Address: 457 LOMA BONITA DR
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM () Delete
Name: TERRETT, MADELINE
Address: 457 LOMA BONITA DR
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TERRETT, IVO
Address: 254 HILLS BAY DR
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM (X) Change () Addition
Name: TERRETT, MADELINE
Address: 254 HILLS BAY DR
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IVO TERRETT

MGR

04/27/2007

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