

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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05-15-2008 900807016 43.75  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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03122008 No Chg-LLC CR2E083 (12/07)

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1. Entity Name  
AT YOUR SERVICE, L.L.C.



Principal Place of Business  
3209 SOUTHEAST 39 AVENUE  
OCALA, FL 34480

Mailing Address  
PO BOX 6213  
OCALA, FL 34478

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1742630	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRADLEY, SHIRLEY J  
3209 SOUTHEAST 39 AVENUE  
OCALA, FL 34480

**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 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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRADLEY, SHIRLEY J  
3209 SOUTHEAST 39 AVENUE  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/22/07 01012 002  
\$100.00

**DO NOT WRITE  
IN THIS SPACE**

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

4.28.08

Date

Daytime Phone #

348.1201