


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000020217		
1. Entity Name KING PARALEGAL SERVICES, LLC		
Principal Place of Business 550 BALMORAL CIRCLE, N., SUITE 303 JACKSONVILLE, FL 32218		Mailing Address P.O. BOX 28876 JACKSONVILLE, FL 32226
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KING, VENITA M 550 BALMORAL CIRCLE, N., SUITE 303 JACKSONVILLE, FL 32218		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, VENITA M 12649 WIMICA LANE JACKSONVILLE, FL 32218	
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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: <u>Venita M. King</u>		4-18-07 904/696-8648
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1126485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80096-025 50.00