

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030241

FILED
Jun 02, 2009
Secretary of State

Entity Name: MICHAEL FINCANNON SERVICES, LLC

Current Principal Place of Business:

5997 STAFF ROAD
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

5997 STAFF ROAD
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 20-1018637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FINCANNON, MICHAEL
5997 STAFF ROAD
CRESTVIEW, FL 32536 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FINCANNON, MICHAEL
Address: 5997 STAFF ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: FINCANNON, TREVOR
Address: 5997 STAFF ROAD
City-St-Zip: CRESTVIEW, FL 32536

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: MICHAEL FINCANNON

MGR

06/02/2009

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