

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030602

Entity Name: WORTHY SERVICES, LLC

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

9097 DUPONT AVENUE
SPRING HILL, FL 34608 US

New Principal Place of Business:

Current Mailing Address:

9097 DUPONT AVENUE
SPRING HILL, FL 34608 US

New Mailing Address:

P. O. BOX 6554
SPRING HILL, FL 34611 US

FEI Number: 20-1029526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, PATRICIA
9097 DUPONT AVENUE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: GARCIA, PATRICIA
Address: 9097 DUPONT AVENUE
City-St-Zip: SPRING HIL, FL 34608 US

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, PATRICIA
Address: P.O.BOX 6554
City-St-Zip: SPRING HILL, FL 34611 US

Title: MGRM () Change (X) Addition
Name: GARCIA, GLORIA ELLEN B
Address: P.O. BOX 6554
City-St-Zip: SPRING HILL, FL 34611

Title: MGRM () Change (X) Addition
Name: GARCIA, JOSEPH A
Address: P.O. BOX 6554
City-St-Zip: SPRING HILL, FL 34611 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA B. GARCIA

MGR

02/03/2006

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