

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000030602

**FILED**  
**Apr 12, 2006**  
**Secretary of State****Entity Name:** WORTHY SERVICES, LLC**Current Principal Place of Business:**9097 DUPONT AVENUE  
SPRING HILL, FL 34608 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 6554  
SPRING HILL, FL 34611 US**New Mailing Address:****FEI Number:** 20-1029526**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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: MGR ( ) Delete  
Name: GARCIA, PATRICIA  
Address: P.O.BOX 6554  
City-St-Zip: SPRING HILL, FL 34611 USTitle: MGRM (X) Delete  
Name: GARCIA, GLORIA ELLEN B  
Address: P.O. BOX 6554  
City-St-Zip: SPRING HILL, FL 34611Title: MGRM (X) Delete  
Name: GARCIA, JOSEPH A  
Address: P.O. BOX 6554  
City-St-Zip: SPRING HILL, FL 34611 US**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 GARCIA

MGR

04/12/2006

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