


2007-LIMITED-LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 014 *****50.00

DOCUMENT # L04000037668 1. Entity Name SIMPLY BETTER SERVICES LLC					
Principal Place of Business 14 UTILITY DRIVE PALM COAST FL 32137 US			Mailing Address 100 PALM HARBOR PKWY. 16 PALM COAST, FL 32137 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1139811 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT, BAUMANN L 100 PALM HARBOR PARKWAY 16 PALM COAST FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	CEO	BAUMANN, ROBERT L	100 PALM HARBOR PKWY. # 16		
		PALM COAST FL 32137			
	<input checked="" type="checkbox"/> Delete				
	CEO	Clyde G. Baumann	100 palm Harbor pkwy. #16		
		Palm Coast, FL 32137			
	<input type="checkbox"/> Delete				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>			1-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					