

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041191

Entity Name: AMY'S SERVICES LLC

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3130 LAKE SAXON DRIVE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

3130 LAKE SAXON DRIVE  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 73-1709141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YINGLING, SANDRA L  
3130 LAKE SAXON DRIVE  
LAND O LAKES, FL 34639 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  
Name: YINGLING, SANDRA L  
Address: 3130 LAKE SAXON DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM  
Name: WATSON, MICHAEL A  
Address: 6744 ANGUS VALLEY DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33544

I hereby 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: SANDRA L YINGLING

MM

04/09/2011

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