2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L04000056390

Entity Name: ABOUT SERVICE, LLC

Current Principal Place of Business:

8593 FLORENCE COVE ROAD
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

8593 FLORENCE COVE RD
ST. AUGUSTINE, FL 32092

Current Mailing Address:

8593 FLORENCE COVE ROAD
ST. AUGUSTINE, FL 32092

New Mailing Address:

8593 FLORENCE COVE RD
ST. AUGUSTINE, FL 32092

FEI Number: 34-2008633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAITIFF, ELAINE M
8593 FLORENCE COVE ROAD
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

ANDERSON, ELAINE M
8593 FLORENCE COVE ROAD
ST. AUGUSTINE, FL 32092 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: ELAINE M ANDERSON 04/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STRAITIFF, ELAINE M
Address: 8593 FLORENCE COVE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANDERSON, ELAINE M
Address: 8593 FLORENCE COVE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ELAINE M ANDERSON MGRM 04/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date