

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080795

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** NATIONAL PROPERTY SERVICES, LLC

**Current Principal Place of Business:**

ONE NE 1ST AVENUE, SUITE 301  
OCALA, FL 34470

**New Principal Place of Business:**

ONE NE 1ST AVENUE  
SUITE 301  
OCALA, FL 34470

**Current Mailing Address:**

ONE NE 1ST AVENUE, SUITE 301  
OCALA, FL 34470

**New Mailing Address:**

ONE NE 1ST AVENUE  
SUITE 301  
OCALA, FL 34470

**FEI Number:** 20-1855399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DRIGGERS, WALTER J  
ONE NE 1ST AVENUE, SUITE 301  
OCALA, FL 34470 US

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

DRIGGERS, WALTER J  
ONE NE 1ST AVENUE  
SUITE 301  
OCALA, FL 34470 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:**

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** DRIGGERS, WALTER J  
**Address:** ONE NE 1ST AVE. SUITE 301  
**City-St-Zip:** OCALA, FL 34442

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** DRIGGERS, WALTER J  
**Address:** ONE NE 1ST AVE. SUITE 301  
**City-St-Zip:** OCALA, FL 34470

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:** WALTER J. DRIGGERS

MGR

03/26/2009

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