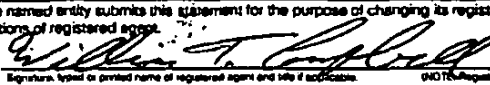
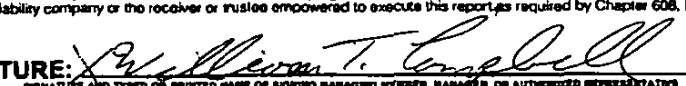


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-10-2006 90041 007 ****50.00

DOCUMENT # L04000090702					
1. Entity Name DOUBLE B SERVICES, L.L.C.					
Principal Place of Business 4914 ORANGE AVENUE FORT PIERCE, FL 34950			Mailing Address 4914 ORANGE AVENUE FORT PIERCE, FL 34950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1107372	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, E. ROLLINS II, ESQ 3333 20TH STREET VERO BEACH, FL 32960			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:  DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	MGRM	CAMPBELL, WILLIAM T	4914 ORANGE AVENUE FORT PIERCE, FL 34950		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.					
SIGNATURE:  5/8/06 772-461-4453					