2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 24, 2009
Secretary of State

DOCUMENT# L04000094020

Entity Name: SERVICES ON TIME L.L.C.

Current Principal Place of Business:

4306 PLYMOUTH ST
SUITE #1
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4306 PLYMOUTH ST
SUITE #1
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 51-0521601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PUGH, IDEAL SR.
4306 PLYMOUTH ST
SUITE #1
JACKSONVILLE, FL 32205 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 ( ) Delete
Name: PUGH, IDEAL SR.
Address: 8384 CANDLEWOOD COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR ( ) Delete
Name: PUGH, SANDRA L MGR
Address: 8384 CANDLEWOOD COVE TRAIL
City-St-Zip: JACSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: PUGH, SANDRA L MGR
Address: 8384 CANDLEWOOD COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

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: IDEAL PUGH, SR. MGRM 09/24/2009

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