


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 08, 2006 8:00 am
Secretary of State

08-21-2006 90128 003 ****50.00

DOCUMENT # L05000003209					
1. Entity Name HERRILL HERRING'S SERVICES, "LLC"					
Principal Place of Business 3345 S. WASHINGTON AVE C TITUSVILLE, FL 32780			Mailing Address 3345 S. WASHINGTON AVE C TITUSVILLE, FL 32780		
2. Principal Place of Business <i>NO CHANGE</i>			3. Mailing Address <i>NO CHANGE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <i>20-2174982</i>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRING, HERRILL W SR 650 SOUTH KEY LARGO TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name <i>NO CHANGE</i> 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 _____ <small>Signature, typed or printed name of registered agent and abs if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to - Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRILL, HERRING W SR 650 SOUTH KEY LARGO TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 608, Florida Statutes.					
SIGNATURE: <i>Herrill W Herring Sr</i>			Date: <i>8/15/06</i> 1-321-574-8223		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

JUU10110



08162006 Chg-LLC CR2E083 (11/05)