

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006351

**FILED**  
**Jul 08, 2009**  
**Secretary of State**

**Entity Name:** MADE OF LITE SIGN SERVICE LLC

**Current Principal Place of Business:**

2690 HIGHWAY 17 SOUTH  
BARTOW, FL 33830

**New Principal Place of Business:**

623 ORIOLE DR  
LAKELAND, FL 33803

**Current Mailing Address:**

PO BOX 2352  
BARTOW, FL 33830

**New Mailing Address:**

PO BOX 2352  
BARTOW, FL 33831

**FEI Number:** 35-2258523      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

AYCOCK, MARK J  
2690 HIGHWAY 17 SOUTH  
BARTOW, FL 33830      US

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

AYCOCK, MARK J  
623 ORIOLE DR  
LAKELAND, FL 33803      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: MARK AYCOCK

07/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: AYCOCK, MARK J  
Address: 2690 HIGHWAY 17 SOUTH  
City-St-Zip: BARTOW, FL 33830 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: AYCOCK, MARK J  
Address: 623 ORIOLE DR  
City-St-Zip: LAKELAND, FL 33803 US

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: MARK AYCOCK

OWNE

07/08/2009

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