

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025366

FILED  
Aug 30, 2007  
Secretary of State

**Entity Name:** LAKE CITY SIGN SERVICE, L.L.C.

**Current Principal Place of Business:**

1562 S.E. BAYA DR  
LAKE CITY, FL 32025

**New Principal Place of Business:**

1562 S. E. BAYA DRIVE  
LAKE CITY, FL 32025

**Current Mailing Address:**

1562 S.E. BAYA DR  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

HACKER, ROGER  
1562 S.E. BAYA DR  
LAKE CITY, FL 32025 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HACKER, ROGER  
Address: 201 S.E. FAWNGLLEN  
City-St-Zip: LAKE CITY, FL 32025

Title: MGR ( ) Delete  
Name: HACKER, ROGER II  
Address: 201 S.E. FAWNGLLEN  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

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

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

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: ROGER HACKER

MGR

08/30/2007

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