

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000042237**

1. Entity Name  
**STUMPY'S SERVICES LLC**



Principal Place of Business  
**6978 CR360  
MADISON, FL 32340**

Mailing Address  
**PO BOX 1033  
PERRY, FL 32348**



01132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HARRIS, NORMA JEAN  
6978 CR360  
MADISON, FL 32340**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HARRIS, NORMA JEAN 6978 CR360 MADISON, FL 32340</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JAMES, ROBERT 6978 CR360 MADISON, FL 32340</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEEKS, STEVE 1157 N.E. FORD DR. MADISON, FL 32348</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000785200  
01/16/08-80085-023 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**12-14-08 8509133025**

Date

Daytime Phone #