

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 AM 8:40

DOCUMENT # L05000042275

1. Limited Liability Company's Name

LORD'S SERVICES LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

13801 BEACH BLVD

3. Mailing Office Address

P.O. BOX 49205

Suite, Apt. #, etc.

APT. 803

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE BCH., FL

Zip

32224

Country

USA

Zip

32240

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

ORIGINAL FILE DATE
4/21/05

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOAN WALDEN

Street Address (P.O. Box Number is Not Acceptable)

13801 BEACH BLVD., #803

Suite, Apt. #, Etc.

APT. 803

City

JACKSONVILLE

State

FL

Zip Code

32224

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/12/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	JOAN WALDEN	13801 BEACH BLVD., #803	JACKSONVILLE, FL
			32224
			800106502188
			07/20/07--01036--009 **50.00
			BLT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that
all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect
as if made under oath.

Signature of
Managing Member/Manager

Date 7/12/07

Daytime Phone # 904-535-6018

Typed or printed name of signing Managing Member/Manager

JOAN WALDEN