

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90089 014 ***138.75

DOCUMENT # LC5000086164

1. Entity Name
WALTON'S TECHNICAL SERVICES LLC



Principal Place of Business
**P.O. BOX 12392
FORT PIERCE, FL 34979**

Mailing Address
**P.O. BOX 12392
FORT PIERCE, FL 34979**

50007258



DO NOT WRITE IN THIS SPACE

03162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1757482

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102**

**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 renewing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALTON, VINCENT
STREET ADDRESS	P.O. BOX 12392
CITY - ST - ZIP	FORT PIERCE, FL 34979
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Vincent Walton

4/12/08

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

Date

Daytime Phone #