

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

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

06-19-2008 90089 014 \*\*\*138.75

**50007258**

03162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 06-1757482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	
\$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 renaming.)

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	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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*

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

*4/12/08*

DATE

Daytime Phone #