

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000102390

1. Entity Name
WILLIAM H. FAIRHURST SERVICES, LLC



**FILED
Apr 11, 2006 8:00 am
Secretary of State**

04-11-2006 90017 043 ****50.00

Principal Place of Business
5413 NE COUNTY ROAD 219A
MELROSE, FL 32666

Mailing Address
5413 NE COUNTY ROAD 219A
MELROSE, FL 32666

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1125776	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EHRENREICH, SHARON W
303 STATE ROAD
MELROSE, FL 32666

7. Name and Address of New Registered Agent

Name *William Fairhurst*

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

5413 NE County Rd. 219A

City *Melrose*

FL Zip Code *32666*

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

Sharon W. Fairhurst

(NOTE: Registered Agent signature required when reinstating)

DATE *2-22-06*

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FAIRHURST, WILLIAM H
STREET ADDRESS 5413 NE COUNTY ROAD 219A
CITY-ST-ZIP MELROSE, FL 32666

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Sharon W. Fairhurst

2-22-06

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

Date

Daytime Phone #