

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000105329

**Entity Name:** WAREHOUSE SERVICES, LLC**FILED**  
**May 31, 2006**  
**Secretary of State****Current Principal Place of Business:**1026 SOUTHEAST NINTH AVENUE  
OCALA, FL 34471**New Principal Place of Business:****Current Mailing Address:**1026 SOUTHEAST NINTH AVENUE  
OCALA, FL 34471**New Mailing Address:**

FEI Number: 20-3801202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MACKAY, DAVID L  
2801 SOUTHWEST COLLEGE ROAD, STE. 9  
OCALA, FL 34474 US**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: M ( ) Delete  
Name: TIECHE, STEVE  
Address: 1026 SE 9TH AVE  
City-St-Zip: OCALA, FL 34471Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: M ( ) Change (X) Addition  
Name: ARMSTRONG, SCOTT W  
Address: 1415 SW 17TH ST  
City-St-Zip: OCALA, FL 34474Title: MM ( ) Change (X) Addition  
Name: ARMSTRONG, FRED C  
Address: 1415 SW 17TH ST  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: F CHRIS ARMSTRONG      MM      05/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date