


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000105329</b> 1. Entity Name WAREHOUSE SERVICES, LLC	
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Principal Place of Business 1415 SW 17TH ST. OCALA, FL 34474	Mailing Address 1415 SW 17TH ST. OCALA, FL 34474
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01252008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3801202	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**

ARMSTRONG, FRED C  
1415 SW 17TH STREET  
OCALA, FL 34474

**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 reinstating) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TIECHE, STEVE 1026 SE 9TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ARMSTRONG, SCOTT W 1415 SW 17TH ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM ARMSTRONG, FRED C 1415 SW 17TH ST OCALA, FL 34474
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U00000851383  
03/25/08-80037-007 138.75

**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:**  **3/4/08 352-624-0120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #