

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105329

FILED
Feb 12, 2009
Secretary of State

Entity Name: WAREHOUSE SERVICES, LLC

Current Principal Place of Business:

1415 SW 17TH ST.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1415 SW 17TH ST.
OCALA, FL 34474

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:

ARMSTRONG, FRED C
1415 SW 17TH STREET
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 34471

Title: M () Delete
Name: ARMSTRONG, SCOTT W
Address: 1415 SW 17TH ST
City-St-Zip: OCALA, FL 34474

Title: MM () Delete
Name: ARMSTRONG, FRED C
Address: 1415 SW 17TH ST
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TIECHE, STEVE
Address: 1026 SE 9TH AVE
City-St-Zip: OCALA, FL 34471

Title: MGRM (X) Change () Addition
Name: ARMSTRONG, SCOTT W
Address: 1415 SW 17TH ST
City-St-Zip: OCALA, FL 34474

Title: MGRM (X) Change () 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: FRED C ARMSTRONG

MGRM

02/12/2009

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