


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000007057</b> 1. Entity Name <b>A-XPRT SERVICES L.L.C.</b>	
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Principal Place of Business <b>7822 AQUARIUS CIR S. JACKSONVILLE, FL 32216</b>	Mailing Address <b>7822 AQUARIUS CIR S. JACKSONVILLE, FL 32216</b>
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DO NOT WRITE IN THIS SPACE

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08 AUG 28 PM 3: 45


OFFICE OF STATE  
TALLAHASSEE, FLORIDA



08272008No Chg-LLC      CR2E083 (12/07)

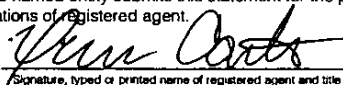
4. FEI Number <b>84-1701804</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

<b>CASTRO, XAVIER 7822 AQUARIUS CIR S. JACKSONVILLE, FL 32216</b>	
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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:       DATE: **8-28-08**

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

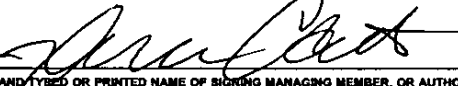
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.      **500135372415**  
 09/04/08--01036--005      \*\*138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CASTRO, XAVIER
STREET ADDRESS	7822 AQUARIUS CIR S.
CITY-ST-ZIP	JACKSONVILLE, FL 32216

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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:       DATE: **8-28-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #