

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000016358

1. Entity Name
SELECTIVE PRODUCTS & SERVICES, LLC



Principal Place of Business

**4218 HIGHWAY AVE.
JACKSONVILLE, FL 32254 US**

Mailing Address

**4218 HIGHWAY AVE.
JACKSONVILLE, FL 32254 US**



04102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-3167718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STUTSMAN & THAMES, P.A.
121 WEST FORSYTH STREET
SUITE 600
JACKSONVILLE, FLORIDA, FL 32202-US**

**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**

U000000638593
04/28/08-80003-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PHILLIPS, GARY C
4218 HIGHWAY AVE.
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REILLY, JACK
4218 HIGHWAY AVE.
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PHILLIPS, KEVIN
4218 HIGHWAY AVE.
JACKSONVILLE, FL 32254**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

4.10.08

Date

9042739491

Daytime Phone #