## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000023555

Entity Name: LINDEN SERVICES LLC

Address:

City-St-Zip:

WELLINGTON, FL 33414 US

**FILED** Mar 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1714 PIERSIDE CIRCLE WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 1714 PIERSIDE CIRCLE WELLINGTON, FL 33414 FEI Number: 20-4507549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEAN-BAPTISTE, GUERLIE 1714 PIERSIDE ĆIRCLE WELLINGTON, FL 33414 US 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition JEAN-BAPTISTE, GUERLIE Name: Name: Address: 1714 PIERSIDE CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition JEAN-BAPTISTE, LYNNE A Name: Name: Address: 1714 PIERSIDE CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition JEAN-BAPTISTE, KHESSIA R Name: Name: 1714 PIERSIDE CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: LYNNE JEAN-BAPTISTE 03/18/2007