

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024756

Entity Name: PSQ SERVICES, LLC

FILED  
May 05, 2008  
Secretary of State

**Current Principal Place of Business:**

4505 SW 105TH AVENUE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

47 N.E. 447 AVENUE  
OLD TOWN, FL 32680

**Current Mailing Address:**

4505 SW 105TH AVENUE  
GAINESVILLE, FL 32608

**New Mailing Address:**

47 N.E. 447 AVENUE  
OLD TOWN, FL 32680

FEI Number: 42-1697034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RANSFORD, BRANDON  
4505 SW 105TH AVENUE  
GAINESVILLE, FL 32608      US

**Name and Address of New Registered Agent:**

RANSFORD, BRANDON T  
47 N.E. 447 AVENUE  
OLD TOWN, FL 32680      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: BRANDON T RANSFORD

05/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RANSFORD, BRANDON  
Address: 4505 SW 105TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: RANSFORD, BRANDON T  
Address: 47 N.E. 447 AVENUE  
City-St-Zip: OLD TOWN, FL 32680

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: BRANDON T RANSFORD

MGR

05/05/2008

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