

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000040966

1. Entity Name
CON SERV L.L.C.



Principal Place of Business
1523 8TH AVENUE WEST
PALMETTO, FL 34221

Mailing Address
1523 8TH AVENUE WEST
PALMETTO, FL 34221



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4812181

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM ESQ.
1400 4TH AVENUE WEST
BRADENTON, FL 34205

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOFFNER, ALEXANDER D
STREET ADDRESS	1523 8TH AVENUE WEST
CITY- ST - ZIP	PALMETTO, FL 34221
TITLE	MGR
NAME	BRYANT, CHRISTOPHER A
STREET ADDRESS	1523 8TH AVENUE WEST
CITY- ST - ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

U000000796039
01/29/08-80016-015 138.75

**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

Date

Daytime Phone #

Chris Bryant

1-17-08

941-722-0901