

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052028

**FILED**  
**May 28, 2008**  
**Secretary of State**

**Entity Name:** LONNIE WOFFORD CUSTOM SERVICES, LLC

**Current Principal Place of Business:**

1370 DEBBY AVE  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

1370 DEBBY AVE  
PENSACOLA, FL 32514 US

**New Mailing Address:**

**FEI Number:** 20-4901172      **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:**

WOFFORD, LONNIE L  
1370 DEBBY AVE  
PENSACOLA, FL 32514 US

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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:** SHANNON DUNN FOR ALL FLORIDA FIRM INC

05/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** WOFFORD, LONNIE L  
**Address:** 1370 DEBBY AVE  
**City-St-Zip:** PENSACOLA, FL 32514 FL

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** SHANNON DUNN FOR LONNIE L WOFFORD

RA

05/28/2008

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