2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L06000053679

Entity Name: DOUG MOSLEY SPECIALTY SERVICES, LLC

Current Principal Place of Business:

5709 WICKFORD LANE
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

5709 WICKFORD LANE
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 51-0583404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSLEY, DOUGLAS W
5709 WICKFORD LANE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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:

Title: OWNE ( ) Delete
Name: MOSLEY, DOUGLAS W OWNER
Address: 5709 WICKFORD LANE
City-St-Zip: PENSACOLA, FL 32526 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PART (X) Change ( ) Addition
Name: MOSLEY, DOUGLAS W PARTNER
Address: 5709 WICKFORD LANE
City-St-Zip: PENSACOLA, FL 32526 US

Title: PART ( ) Change (X) Addition
Name: OWENS, BRYAN R PARTNER
Address: 5709 WICKFORD LANE
City-St-Zip: PENSACOLA, FL 32526

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: DOUGLAS W MOSLEY PART 04/09/2008

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