


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 045 \*\*\*\*55.00

|  |   |
|--|---|
| <b>DOCUMENT # L06000057188</b>                   |  |
| 1. Entity Name<br><b>DEPENDABLE SERVICES LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>6814 LONGHORN CT<br/>TALLAHASSEE, FL 32311</b> | Mailing Address<br><b>6814 LONGHORN CT<br/>TALLAHASSEE, FL 32311</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2441 Talco Hills Dr.</b> | 3. Mailing Address<br><b>2441 Talco Hills Dr.</b> |
| Suite, Apt. #, etc.<br><b>Apt # A</b>   | Suite, Apt. #, etc.<br><b>A</b>                   |
| City & State<br><b>Tallahassee, FL</b>  | City & State<br><b>Tallahassee, FL</b>            |
| Zip<br><b>32303</b>   | Country<br><b>Leon</b>                            |



01122007 Chg-LLC CR2E083 (12/06)

|                                   |  |
|-----------------------------------|--|
| 4. FEI Number<br><b>204984014</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------------|--|

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>TUMA, NDE ERNEST<br/>6814 LONGHORN CT<br/>TALLAHASSEE, FL 32311</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

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 *Nde Ernest* DATE *1/15/07*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TUMA, NDE ERNEST<br>6814 LONGHORN CT<br>TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 606, Florida Statutes.  
SIGNATURE: *Nde Ernest* DATE *1/15/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #