

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057188

**FILED**  
**Feb 22, 2008**  
**Secretary of State**

**Entity Name:** DEPENDABLE SERVICES LLC

**Current Principal Place of Business:**

2441 TALCO HILLS DR  
APT A  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

2430 BOONE BLVD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2441 TALCO HILLS DR  
APT A  
TALLAHASSEE, FL 32303

**New Mailing Address:**

2430 BOONE BLVD  
TALLAHASSEE, FL 32303

**FEI Number:** 20-4984014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUMA, NDE ERNEST  
6814 LONGHORN CT  
TALLAHASSEE, FL 32311 US

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

TUMA, NDE ERNEST  
2430 BOONE BLVD  
TALLAHASSEE, FL 32303 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:**

02/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TUMA, NDE ERNEST  
Address: 6814 LONGHORN CT  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TUMA, NDE ERNEST  
Address: 2430 BOONE BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

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:** ERNEST TUMA

MGR

02/22/2008

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