

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062751

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: AT YOUR SERVICE SPRING HILL, LLC

## Current Principal Place of Business:

8359 CORAL STREET  
SPRING HILL, FL 34606 US

## New Principal Place of Business:

13056 ANTELOPE STREET  
SPRING HILL, FL 34609 US

## Current Mailing Address:

8359 CORAL STREET  
SPRING HILL, FL 34606 US

## New Mailing Address:

13056 ANTELOPE STREET  
SPRING HILL, FL 34609 US

FEI Number: 41-2208642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNCH, JUDITH V  
13444 BANNER ROAD  
SPRING HILL, FL 34609 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: MGRM ( ) Delete  
Name: HOUSEL, KATHLEEN A  
Address: 8359 CORAL STREET  
City-St-Zip: SPRING HILL, FL 34606 US

Title: MGRM ( ) Delete  
Name: LYNCH, JUDITH V  
Address: 13444 BANNER ROAD  
City-St-Zip: SPRING HILL, FL 34609 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HOUSEL, KATHLEEN A  
Address: 13056 ANTELOPE STREET  
City-St-Zip: SPRING HILL, FL 34609 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN HOUSEL

MGRM

01/09/2007

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