

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 012 ***138.75

DOCUMENT # L06000063633

1. Entity Name
SERVICE PAYROLL, L. L. C.



Principal Place of Business
1801 HOBBS RD.
AUBURNDALE, FL 33823 US

Mailing Address
1801 HOBBS RD.
AUBURNDALE, FL 33823 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5090971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEITH, WILLIAM C
1517 COMMERCIAL PARK DR.
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KINGHAM, MICHAEL O	
STREET ADDRESS	300 WEST LAKE SUMMIT DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILSON, DENNY A	
STREET ADDRESS	6645 WILLOWS WAY	
CITY-ST-ZIP	CUMMING, GA 30040	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KNIGHT, JAMES F	
STREET ADDRESS	105 COVINGTON COVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUGGIERI, MARK J	
STREET ADDRESS	1 EAGLES NEST	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO William C. Keith	
STREET ADDRESS	1801 Hobbs Road	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.30.08