2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L06000067873

1. Entity Name
PROPERTY SERVICE GROUP, L.L.C.

Principal Place of Business	Mailing Address
2765 PGA BLVD. NAVARRE, FL 32566	2765 PGA BLVD. NAVARRE, FL 32566

03082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5164269
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLBERT, RICHARD M
4 LAGUNA STREET, SUITE 101
FT. WALTON, FL 32548

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's Signature required when consulting)

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

000008548020
03/27/08-80025-017 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCLANE, GILLIAM B
STREET ADDRESS	2765 PGA BLVD.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGR
NAME	MCLANE, LYNN R
STREET ADDRESS	2765 PGA BLVD.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #