


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

01-29-2007 90142 042 ****50.00

DOCUMENT # L06000073136 1. Entity Name DEVCON SERVICES GROUP, LLC.			
Principal Place of Business P.O. BOX 2353 SANTA ROSA BEACH, FL 32459		Mailing Address P.O. BOX 2353 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box # 39 Second Court		3. Mailing Address Suite, Apt. #, etc.	
City & State Santa Rosa Beach, FL		City & State	
Zip 32459	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HOWELL, SHANNON 39 2ND COURT SANTA ROSA BEACH, FL 32459		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 608, Florida Statutes.			
SIGNATURE: Shannon Howell		1/16/06 850-225-1694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

00002463



01162007 Chg-LLC CR2E083 (12/06)

4. FEL Number **20-5256068** Applied For Not Applicable

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