### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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### DOCUMENT # L06000074627

1. Entity Name
GAINOUS SERVICES, LLC



US

Principal Place of Business

Mailing Address

**643 DOLPHIN STREET** 

PORT SAINT JOE, FL 32456 US

643 DOLPHIN STREET PORT SAINT JOE, FL 32456 FILED Apr 09, 2008 08:00 Al Secretary of State



03162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5273085

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAINOUS, DAVID 643 DOLPHIN STREET PORT SAINT JOE, FL 32456

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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			
	Signature, typed or printed name of registered agent and title it applicable	(NOTE, Registered Aguint signature required when reinstating)	DATE

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

U00000888373 04/22/08-80011-011 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE GAINOUS, DAVID NAME STREET ADDRESS 643 DOLPHIN STREET CITY-S1-ZIP PORT SAINT JOE, FL 32456 TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

3-27-0

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