2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-20-2007 90370 037 ****55.00

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1. Entity Name

STEVENS & STEVENS LITIGATION SUPPORT & COPY SERVICE, LLC

Principal Place of Business	Mailing Address
11515 53RD STREET NORTH CLEARWATER FL 33760-4802	11515 53RD STREET NORTH CLEARWATER FL 33760-4802

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1111 W. CASS ST	P.O. BOX 388
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: Pinellas Park, FL
Zip: 33606 Country: Pinellas	Zip: 33780-0388 Country: Pinellas

4. FEI Number: 20-5583527 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, RHETT 11515 53RD STREET NORTH CLEARWATER FL 33760-4802	Name: Stevens, Rhett Street Address (P.O. Box Number is Not Acceptable): 1111 W. CASS ST Suite A City: TAMPA FL Zip Code: 33606

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: 2/7/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER ☐ Delete BRETT Sheliff MGRM 1504 Linden Ave NASHVILLE TN 37212	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ☐ Delete R. MARSHALL Stevens MGR 1059 62ND AVE NE St Petersburg, FL 33703	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ☐ Delete Rhett W. Stevens MGR 105 6th Ave NE #527 St Petersburg, FL 33701	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/7/2007 727-573-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #