

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104165

Entity Name: JMLS SERVICES, LLC

FILED  
Jun 01, 2008  
Secretary of State

## Current Principal Place of Business:

6115 N DAVIS HWY  
70B  
PENSACOLA, FL 32504 US

## Current Mailing Address:

6115 N DAVIS HWY  
70B  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

2915 SHARER RD  
1518  
TALLAHASSEE, FL 32312 US

## New Mailing Address:

2915 SHARER RD  
1518  
TALLAHASSEE, FL 32312 US

FEI Number: 30-0387754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CARTER, THOMAS D  
6115 N DAVIS HWY  
70B  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

CARTER, THOMAS D  
2915 SHARER RD  
1518  
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: THOMAS D CARTER

06/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CARTER, THOMAS D  
Address: 6115 N DAVIS HWY 70B  
City-St-Zip: PENSACOLA, FL 32504 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CARTER, THOMAS D  
Address: 2915 SHARER RD 1518  
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS D CARTER

PRIN

06/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date