2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104421

Entity Name: APPOMATTOX SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
12000 N DALE MABRY HWY STE 110 TAMPA, FL 33618 US	12000 N DALE MABRY HWY SUITE 110 TAMPA, FL 33618 US

Current Mailing Address:	**New Mailing Address:**
12000 N DALE MABRY HWY STE 110 TAMPA, FL 33618 US	12000 N DALE MABRY HWY SUITE 110 TAMPA, FL 33618 US

FEI Number: 20-8616389   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:	**Name and Address of New Registered Agent:**
THE LAW OFFICES OF NICK SPRADLIN, PLLC 1405 JEAN STREET, 2ND FLOOR TAMPA, FL 33614 US	THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 N DALE MABRY HWY SUITE 110 TAMPA, FL 33618 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: NICKOLAS J. SPRADLIN, ESQ. CEO   07/30/2008

            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	SPRADLIN, MARIANELLA D	Name:
Address:	12000 N DALE MABRY HWY - STE 110	Address:
City-St-Zip:	TAMPA, FL 33618 US	City-St-Zip:

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: MARIANELLA SPRADLIN   MGR   07/30/2008

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