2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L06000104845

Entity Name: PANHANDLE BUSINESS SERVICES, LLC

Current Principal Place of Business:

1265 HWY. 331 S
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

1265 HWY. 331 S
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 20-5784205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DAVID R
1265 HWY 331 S
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSON, DAVID R
Address: 1265 HWY 331 S
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: MGRM ( ) Delete
Name: NEWSOME, JENNIFER J
Address: 54 SHOEMAKER DR.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGRM (X) Delete
Name: BURLESON, SHARON
Address: 4 PINE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BURLESON, SHARON
Address: 4 PINE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: DAVID R JOHNSON MGR 04/24/2008

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