

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106877

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Entity Name:** SMALL BUSINESS SERVICES, LLC

**Current Principal Place of Business:**

1065 EAGLE POINT DRIVE  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

1804 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

1065 EAGLE POINT DRIVE  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

1804 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217

**FEI Number:** 20-5821777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

BENJAMIN T KINSEY  
1804 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217 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: BENJAMIN T KINSEY

01/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KINSEY, BENJAMIN T  
Address: 1065 EAGLE POINT DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KINSEY, BENJAMIN T  
Address: 1804 UNIVERSITY BLVD WEST  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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: BENJAMIN T KINSEY

MGR

01/11/2007

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