2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# L06000110940

Entity Name: A-Z SERVICE, LLC

Current Principal Place of Business:

8952 TERNI LANE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

8952 TERNI LANE
BOYNTON BEACH, FL 33472

Current Mailing Address:

8952 TERNI LANE
BOYNTON BEACH, FL 33437

New Mailing Address:

8952 TERNI LANE
BOYNTON BEACH, FL 33472

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZEIGLER, TIMOTHY P
8952 TERNI LANE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

ZEIGLER, TIMOTHY P
8952 TERNI LANE
BOYNTON BEACH, FL 33472 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: _____ 03/22/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ZEIGLER, TIMOTHY P
Address: 8952 TERNI LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM ( ) Delete
Name: ZEIGLER, JOHANNA J
Address: 8952 TERNI LANE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZEIGLER, TIMOTHY P
Address: 8952 TERNI LANE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGRM (X) Change ( ) Addition
Name: ZEIGLER, JOHANNA J
Address: 8952 TERNI LANE
City-St-Zip: BOYNTON BEACH, FL 33472

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: TIMOTHY P ZEIGLER MGR 03/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date