

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119171

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

**Entity Name:** SAINTE CLAIRE SERVICES, LLC

**Current Principal Place of Business:**

2361 EAST VINA DEL MAR BLVD  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 46437  
ST. PETE BEACH, FL 33471

**New Mailing Address:**

**FEI Number:** 20-8148609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PETERS, SUSAN  
2361 EAST VINA DEL MAR BLVD  
ST. PETE BEACH, FL 33706      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:** MGRM      ( ) Delete  
**Name:** PETERS, SUSAN  
**Address:** P.O. BOX 46615  
**City-St-Zip:** ST. PETE BEACH, FL 33741

**ADDITIONS/CHANGES:**

**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: SUSAN PETERS

MGRM

01/04/2008

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