2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L07000023730

Entity Name: AVCON SERVICES LLC

Current Principal Place of Business:

% MICHAEL E. GOODBREAD, JR.
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

% MICHAEL E. GOODBREAD, JR.
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202

New Mailing Address:

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

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER, P.A.
ATTN: MICHAEL E. GOODBREAD, JR.
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M ( ) Change (X) Addition
Name: GOODBREAD, MICHAEL E M
Address: 50 NORTH LAURA STREET, SUITE 2200
City-St-Zip: JACKSONVILLE, FL 32202

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: MICHAEL E. GOODBREAD, JR. M 01/07/2008

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