2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L07000054225

Entity Name: INTEGRATED FACILITIES MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

1220 PROSPECT AVE. SUITE 287
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1220 PROSPECT AVE. SUITE 287
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2964397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WITHERSPOON, JAMES H JR.
1220 PROSPECT AVE. SUITE 287
MELBOURNE, FL 32901 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:	WITHERSPOON, JAMES H JR.	
Address:	1220 PROSPECT AVE. SUITE 287	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	NERY, CARL G	
Address:	1220 PROSPECT AVE. SUITE 287	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGRM	( ) Delete
Name:	SPRUEILL, TONY	
Address:	305 HERITAGE DRIVE	
City-St-Zip:	OXFORD, MS 38655	
Title:	MGRM	( ) Delete
Name:	CARROLL, MARGARET D	
Address:	305 HERITAGE DRIVE	
City-St-Zip:	OXFORD, MS 38655	
Title:	MGRM	( ) Delete
Name:	CARROLL, DAVID	
Address:	305 HERITAGE DRIVE	
City-St-Zip:	OXFORD, MS 38655	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JAMES H WITHERSPOON JR MGRM 05/05/2009

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