

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056605

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: EDWARDS SERVICES LLC

## Current Principal Place of Business:

6390 NW 28TH STREET  
SUNRISE, FL 33313 US

## New Principal Place of Business:

## Current Mailing Address:

6390 NW 28TH STREET  
SUNRISE, FL 33313 US

## New Mailing Address:

2792 PALMVIEW CT  
ATLANA, GA 30331 US

FEI Number: 26-0255687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARDS, CAMILLE M P  
6390 NW 28TH STREET  
SUNRISE, FL 33313 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: VP ( ) Delete  
Name: EDWARDS, DEVON C VP  
Address: 5759 W MCNAB RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: S ( ) Delete  
Name: COMOCK, JACQUELINE G SEC  
Address: 6390 NW 28TH ST  
City-St-Zip: SUNRISE, FL 33313 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: EDWARDS, CAMILLE M P  
Address: 2792 PALMVIEW CT  
City-St-Zip: ATLANTA, GA 30331 US

Title: VP (X) Change ( ) Addition  
Name: EDWARDS, DEVON C VP  
Address: 2792 PALMVIEW CT  
City-St-Zip: ATLANTA, GA 30331 US

Title: SEC ( ) Change (X) Addition  
Name: COMOCK, JACQUELINE G SEC  
Address: 6390 NW TH ST  
City-St-Zip: SUNRISE, FL 33313

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: CAMILLE EDWARDS

P

04/04/2008

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