

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000077345

**Entity Name:** PACKAGE SERVICES, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8024 ALICO ROAD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

8024 ALICO ROAD  
A4  
FORT MYERS, FL 33912

**Current Mailing Address:**

24020 PRODUCTION CIRCLE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 26-2579365      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAYHOOD, LEROY W  
24020 PRODUCTION CIRCLE  
BONITA SPRINGS, FL 34135      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  
**Name:** MAYHOOD, LEROY W  
**Address:** 24020 PRODUCTION CIRCLE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** TRES  
**Name:** MAYHOOD, SUE A  
**Address:** 24020 PRODUCTION CIR.  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** SEC  
**Name:** MAYHOOD, DAVID A  
**Address:** 24020 PRODUCTION CIR.  
**City-St-Zip:** BONITA SPRINGS, FL 34135

I hereby 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: SUE MAYHOOD

TRES

04/29/2011

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