


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90032 049 ***138.75

DOCUMENT # L07000096699	
1. Entity Name WATSON SERVICES LLC	

Principal Place of Business 850 FT. PICKENS ROAD #630 PENSACOLA BEACH, FL 32561 US	Mailing Address 850 FT. PICKENS ROAD #630 PENSACOLA BEACH, FL 32561 US
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2. Principal Place of Business - No P.O. Box # 850 Ft Pickens Road	3. Mailing Address 850 Ft Pickens Road
Suite, Apt. #, etc. #410	Suite, Apt. #, etc. #410
City & State Pensacola Beach FL	City & State Pensacola Beach FL
Zip 32561	Country Escambia



04232008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WATSON, LINDA 850 FT. PICKENS ROAD #630 PENSACOLA BEACH, FL 32561	
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7. Name and Address of New Registered Agent Name Linda Watson Street Address (P.O. Box Number is Not Acceptable) 850 Ft. Pickens Road #410 City Pensacola Beach FL Zip Code 32561	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Linda Watson <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATSON, LINDA 850 FT. PICKENS ROAD #630 PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Linda Watson 850 Ft Pickens Rd #410 Pensacola Beach FL 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Linda Watson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4/24/08 Daytime Phone # 850-393-6754