

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90025 010 \*\*\*138.75

**DOCUMENT # L07000114811**

1. Entity Name  
**ETC PROPERTY SERVICES LIMITED LIABILITY COMPANY**



Principal Place of Business  
**1479 FIELDVIEW DRIVE  
JACKSONVILLE, FL 32225-8271**

Mailing Address  
**1479 FIELDVIEW DRIVE  
JACKSONVILLE, FL 32225-8271**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**68-0663381**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PAYNE, KUWANANH S  
1479 FIELDVIEW DRIVE  
JACKSONVILLE, FL 32225-8271**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PAYNE, KUWANANH S	
STREET ADDRESS	1479 FIELDVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322258271	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAKER, TOMMY L	
STREET ADDRESS	1479 FIELDVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322258271	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELLAMY, MARQUIS	
STREET ADDRESS	1479 FIELDVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 322258271	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Kuwananh S. Payne / Kuwananh S. Payne 4/23/08 954-336-1569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #