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FILED
May 29, 2008 8:00 am
Secretary of State

05-02-2008 90016 012 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000118494

1. Entity Name
FRED'S MOBILE SERVICE L.L.C.

Principal Place of Business	Mailing Address
1055 NURSERY RD UNIT 129 WINTER SPRINGS, FL 32708	5440 ALBERT DR. WINTER PARK, FL 32792

30008015

04282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1055 Nursery Rd	1055 Nursery Rd
Suite, Apt. #, etc.: Unit 133	Suite, Apt. #, etc.: Unit 133
City & State: Winter Springs Fl	City & State: Winter Springs
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. FEI Number: 39-8057686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDOWELL, FRED 5440 ALBERT DR. WINTER PARK, FL 32792	Name: McDowell, Fred Street Address (P.O. Box Number is Not Acceptable): 187 Lori Anne Ln City: Winter Springs FL Zip Code: 32708

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: Fred McDowell — 4-28-08
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDOWELL, FRED 5440 ALBERT DR. WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR McDowell, Fred 187 Lori Anne Ln Winter Springs Fl 32708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Fred McDowell — 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #