

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124896

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** FULLER AND SONS SERVICE LLC

**Current Principal Place of Business:**

5551 SW 18TH TERR 147A  
147A  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**New Mailing Address:**

10173 MORNING SUN CT  
AVON, IN 33513

**Current Mailing Address:**

5551 SW 18TH TERR 147A  
147A  
BUSHNELL, FL 33513

**FEI Number:** 26-1574672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FULLER, MICHAEL  
5551 SW 18TH TERR 147A  
147A  
BUSHNELL, FL 33513 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 ( ) Delete  
Name: FULLER, MICHAEL  
Address: 5551 SW 18TH TERR 147A  
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL FULLER

OWNE

01/20/2009

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