

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018363

Entity Name: 24 / 6 SERVICES, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

5745 SW 75 STREET
SUITE # 188
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5745 SW 75 STREET
SUITE # 188
GAINESVILLE, FL 32608

New Mailing Address:

5745 SW 75 STREET
SUITE # 188
GAINESVILLE, FL 32608 US

FEI Number: 26-1998304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRECY, EUDES DE
6716 SW 100 LANE
GAINESVILLE, FL, FL 32609 USA US

Name and Address of New Registered Agent:

DE CRECY, EUDES
6716 SW 100 LANE
GAINESVILLE, FL 32608 USA US

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: EUDES DE CRECY

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRECY, EUDES DE
Address: 6716 SW 100 LANE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM () Delete
Name: JEROLAMAN, JODY
Address: 104 DRAGONFLY TRAIL
City-St-Zip: HAWTHORNE, FL 32640 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE CRECY, EUDES
Address: 6716 SW 100 LANE
City-St-Zip: GAINESVILLE, FL 32608 US

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: EUDES DE CRECY

MGR

04/14/2009

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