

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042740

FILED  
Jul 22, 2009  
Secretary of State

Entity Name: JOBS DONE BETTER SERVICES LLC

## Current Principal Place of Business:

9942 TIVOLI VILLA DR  
ORLANDO, FL 32829

## New Principal Place of Business:

210 BORMAN DR  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

9942 TIVOLI VILLA DR  
ORLANDO, FL 32829

## New Mailing Address:

7462 SPARKLING LAKE RD  
ORLANDO, FL 32819

FEI Number: 26-2605047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BUDDE, JOSEPH D  
9942 TIVOLI VILLA DR  
ORLANDO, FL 32829      US

## Name and Address of New Registered Agent:

BUDDE, JOSEPH D  
7462 SPARKLING LAKE RD  
ORLANDO, FL 32819      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: JOSEPH D BUDDE

07/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: BUDDE, JOSEPH D  
Address: 9942 TIVOLI VILLA DR  
City-St-Zip: ORLANDO, FL 32829

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: BUDDE, JOSEPH D  
Address: 7462 SPARKLING LAKE RD  
City-St-Zip: ORLANDO, FL 32819

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: JOESPH D BUDDE

MGR

07/22/2009

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