

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044634

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** TERRY'S SERVICE & REPAIR L.L.C.

**Current Principal Place of Business:**

2771WELLER AVE.  
PENSACOLA,FL., 32507 US

**New Principal Place of Business:**

2771WELLER AVE.  
PENSACOLA,FL., FL 32507 US

**Current Mailing Address:**

2771WELLER AVE.  
PENSACOLA,FL., 32507 US

**New Mailing Address:**

2771WELLER AVE.  
PENSACOLA,FL., FL 32507 US

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

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

WIGGINS, TERRY D  
2771WELLER AVE.  
PENSACOLA, FL 32507 US

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

WIGGINS, TERRY D RA  
2771WELLER AVE.  
PENSACOLA, FL 32507 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: TERRY WIGGINS

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      WIGGINS, TERRY M MGR  
Address:                      2771 WELLER AVE.  
City-St-Zip:                      PENSACOLA, FL 32507 US

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: BARBARA WIGGINS

MNG

04/15/2009

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