

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051859

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: ENTELECHY SERVICES, LLC

**Current Principal Place of Business:**

2840 WEST BAY DRIVE  
SUITE 289  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2840 WEST BAY DRIVE  
SUITE 289  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

FEI Number: 26-2706907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: STINER, JAMES E  
Address: 2840 WEST BAY DRIVE, STE 289  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: LATHROP, MARLENE L  
Address: 4181 SOUTH NORWAY, S.E.  
City-St-Zip: GRAND RAPIDS, MI 49546 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: JAMES E STINER

MGRM

03/21/2009

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