2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# L08000075362

Entity Name: S&B WILKINSON SERVICES, LLC

Current Principal Place of Business:

11865 COUNTY ROAD 13 N
ST AUGUSTINE, FL 32092

New Principal Place of Business:

11865 COUNTY ROAD 13 N
ST AUGUSTINE, FL 32092 US

Current Mailing Address:

11865 COUNTY ROAD 13 N
ST AUGUSTINE, FL 32092

New Mailing Address:

11865 COUNTY ROAD 13 N
ST AUGUSTINE, FL 32092 US

FEI Number: 26-3118066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKINSON, LUCILLE SUSAN
11865 COUNTY ROAD 13 N
ST AUGUSTINE, FL 32092 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: MGR ( ) Delete
Name: WILKINSON, LUCILLE SUSAN
Address: 11865 COUNTY ROAD 13 N
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM ( ) Delete
Name: WILKINSON, BRYANT LEE
Address: 11865 COUNTY ROAD 13 N
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

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

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: LUCILLE SUSAN WILKINSON MGR 03/01/2009

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