2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L08000087392

Entity Name: FACILITATION AND MANAGEMENT SERVICES LLC

Current Principal Place of Business:

641 S DELMONTE CT.
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

641 S DELMONTE CT
KISSIMMEE, FL 34758

New Mailing Address:

641 S DELMONTE CT.
KISSIMMEE, FL 34758

FEI Number: 26-3365797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, KEITH M
641 S DELMONTE CT
KISSIMMEE, FL 34758 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:	PERKINS, KEITH M	
Address:	641 S DELMONTE CT.,	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	MGR	( ) Delete
Name:	PERKINS, DOROTHY	
Address:	641 S DELMONTE CT.,	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	MGRM	( ) Delete
Name:	PERKINS, DEBORAH R	
Address:	641 S DELMONTE CT.,	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	MGRM	( ) Delete
Name:	PERKINS, WILLIAM K	
Address:	641 S DELMONTE CT.,	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	MGRM	( ) Delete
Name:	PERKINS, KENAN M	
Address:	641 S DELMONTE CT.,	
City-St-Zip:	KISSIMMEE, FL 34758	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KEITH M PERKINS MGR 01/05/2009

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