

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106596

FILED
Jun 02, 2009
Secretary of State

Entity Name: OVERNIGHT PRODUCTION SERVICES LLC

Current Principal Place of Business:

6465 33RD AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6465 33RD AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-3786478 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:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COX, GREG
Address: 6465 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S () Delete
Name: COX, GREG
Address: 6465 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COX, GREG R
Address: 6465 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S (X) Change () Addition
Name: COX, GREG R
Address: 6465 33RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

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: GREG R. COX

MGR

06/02/2009

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