

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031158

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** SAM'S MOBILE HOME SERVICE, LLC

**Current Principal Place of Business:**

11381 NORTH LINDA MARIE TERRACE  
DUNNELLON, FL 34423

**New Principal Place of Business:**

11381 NORTH LINDA MARIE TERRACE  
DUNNELLON, FL 34423 UN

**Current Mailing Address:**

PO BOX 762  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

PO BOX 762  
CRYSTAL RIVER, FL 34423 UN

**FEI Number:** 26-4587218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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  
**Name:** RAYBORN, SAMANTHA A  
**Address:** 11381 NORTH LINDA MARIE TERRACE  
**City-St-Zip:** DUNNELLON, FL 34423

**Title:** ASST  
**Name:** RAYBORN, RICHARD L  
**Address:** 11381 NORTH LINDA MARIE TERRACE  
**City-St-Zip:** DUNNELLON, FL 34423

I hereby 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:** SAMANTHA RAYBORN

MGR

01/04/2012

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