

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002046

**Entity Name:** SERVICORE SERVICE SOLUTIONS, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1225 W. BEAVER ST.  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

1225 W. BEAVER STREET STE 212  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

PO BOX 551724  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 27-1576721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOINER, MICHAEL L  
8844 LA TERRAZZA PLACE  
JACKSONVILLE, FL 32217 US

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

JOINER, MICHAEL L  
1225 W BEAVER STREET STE 212  
JACKSONVILLE, FL 32217 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOINER, MICHAEL L  
Address: 8844 LA TERRAZZA PLACE  
City-St-Zip: JACKSONVILLE, FL 32217

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: MICHAEL JOINER

MDRM

04/19/2011

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