

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023351

Entity Name: FLYNN SERVICES, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4565 N.E. 36TH AVE.  
OCALA, FL 34479

**New Principal Place of Business:**

1203 SW 12TH STREET  
SUITE 1  
OCALA, FL 34471

**Current Mailing Address:**

4565 N.E. 36TH AVE.  
OCALA, FL 34479

**New Mailing Address:**

1203 SW 12TH STREET  
SUITE 1  
OCALA, FL 34471

FEI Number: 27-2407000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET, SUITE 2900  
MIAMI, FL 33131 US

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

FLYNN, SEAN P  
1203 SW 12TH STREET  
SUITE 1  
OCALA, FL 34471 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: SEAN P FLYNN

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLYNN, SEAN  
Address: 1203 SW 12TH STREET, SUITE 1  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: FLYNN, JAMES  
Address: 1203 SW 12TH STREET, SUITE 1  
City-St-Zip: OCALA, FL 34471

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: SEAN P FLYNN

MGRM

04/28/2011

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