

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118412

Entity Name: AGENCY SERVICES, LLC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

107 RAINS DR  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 290370  
DAYTONA BEACH, FL 32115

**New Mailing Address:**

PO BOX 290370  
PORT ORANGE, FL 32129

FEI Number: 27-3958539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOOD, CHARLES D JR  
444 SEABREEZE BLVD  
SUITE 900  
DAYTONA BEACH, FL 32118 US

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

STURDEVANT, JOANNE  
107 RAINS DRIVE  
PONCE INLET, FL 32127 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: JOANNE STURDEVANT

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STURDEVANT, JOANNE  
Address: 107 RAINS DR  
City-St-Zip: PONCE INLET, FL 32127

Title: MGR  
Name: URSETH, JAMES R  
Address: 445 WILD OAK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

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: JAMES URSETH

MGR

03/16/2011

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