

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104663

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** WARREN PROJECT SERVICES LLC

**Current Principal Place of Business:**

2542 KIOWA TRAIL  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

2542 KIOWA TRAIL  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WARREN, AMANDA M  
2542 KIOWA TRAIL  
FERN PARK, FL 32730 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: MGRM  
Name: WARREN, AMANDA M  
Address: 2542 KIOWA TRAIL  
City-St-Zip: FERN PARK, FL 32730

Title: MGRM  
Name: WARREN, SAM E  
Address: 117 CREEKWOOD DRIVE  
City-St-Zip: FLORENCE, AL 35630

Title: MGRM  
Name: WARREN, SUSAN A  
Address: 117 CREEKWOOD DRIVE  
City-St-Zip: FLORENCE, AL 35630

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:** SUSAN A. WARREN

MGRM

04/27/2012

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