


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000007897 1. Entity Name B.A.M. SERVICES, L.L.C.	
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Principal Place of Business 137 SANDBURG LANE WINTER HAVEN, FL 33884 US	Mailing Address 137 SANDBURG LANE WINTER HAVEN, FL 33884 US
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04212008No Chg-LLC


CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLASKEY, MICHAEL 137 SANDBURG LANE WINTER HAVEN, FL 33884
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**DO NOT WRITE
IN THIS SPACE**

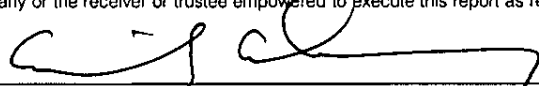
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/30/08</u>

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLASKEY, MICHAEL A 137 SANDBURG LANE WINTER HAVEN, FL 33884
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05/30/08-80072-012 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>4/30/08</u> 863-287-6257 <small>Date Daytime Phone #</small>