

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

2006 MAR -6 PM 3: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100067160041

DOCUMENT # M04000002971

1. Entity Name  
AGLA SERVICES COMPANY LLC



Principal Place of Business  
458N. AMERICAN GENERAL CENTER  
NASHVILLE, TN 37250

Mailing Address  
458N. AMERICAN GENERAL CENTER  
NASHVILLE, TN 37250

*PSK*



01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0121807

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MALLON, JIM  
458N. AMERICAN GENERAL CENTER  
NASHVILLE, TN 37250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MCFADDEN, CHARLENE  
2929 ALLEN PARKWAY, A40-04  
HOUSTON, TX 77019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Charlene McFadden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1/17/06 713 831 3014*



M04000002971

ACCOUNT NO. : 072100000032

REFERENCE : 899596 4712600

AUTHORIZATION

COST LIMIT \$ 50.00

ORDER DATE : March 3, 2006

ORDER TIME : 10:40 AM

ORDER NO. : 899596-005

CUSTOMER NO: 4712600

ANNUAL REPORT FILING

NAME: AGLA SERVICES COMPANY LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2006 MAR -6 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 MAR -6 PM 1:01  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA