


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000002971			FILED 08 JUN -6 PM 1:15 TALLAHASSEE, FLORIDA	
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		
DO NOT WRITE IN THIS SPACE			 05292008 No Chg-LLC CR2E083 (12/07)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 			DO NOT WRITE IN THIS SPACE	
			4. FEI Number 32-0121807 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
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) DATE</small>				
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008				
9. MANAGING MEMBERS/MANAGERS			300130998553 DO NOT WRITE IN THIS SPACE	
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 WOHN, ANN 2929 ALLEN PARKWAY, AT30-15 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				
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:  			5/24/08 7138313014	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

1704000002971

ACCOUNT NO. : 072100000032

REFERENCE : 597550 4712600

AUTHORIZATION :

COST LIMIT : \$ 538.75

ORDER DATE : June 4, 2008

ORDER TIME : 11:44 AM

ORDER NO. : 597550-005

CUSTOMER NO: 4712600

FILED
08 JUL -6 PM 1:15
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AGLA SERVICES COMPANY LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS:

RECEIVED
08 JUL -6 PM 12:38
TALLAHASSEE, FLORIDA

BK