

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005601

FILED
Mar 24, 2009
Secretary of State

Entity Name: LMP SERVICES, L.L.C.

Current Principal Place of Business:

470 SATELLITE BLVD NE, STE N
SUWANNE, GA 30024

New Principal Place of Business:

Current Mailing Address:

470 SATELLITE BLVD NE, STE N
SUWANNE, GA 30024

New Mailing Address:

P O BOX 687
HOPKINSVILLE, KY 42241 06

FEI Number: 61-1399973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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 () Delete
Name: LEE, CAROL T
Address: 1575 HUNTS LANE
City-St-Zip: BOWLING GREEN, KY 42101

Title: MGRM () Delete
Name: LEE, DAVID R
Address: 25 GOSHEN
City-St-Zip: FRANKFORT, KY 40601

Title: MGRM () Delete
Name: LEE, WILLIS A
Address: 2292 CARDWELL LANE
City-St-Zip: FRANKFORT, KY 40601

Title: MGRM () Delete
Name: LEE, BARRY S
Address: 5150 CADIZ ROAD
City-St-Zip: HOPKINSVILLE, KY 42240

Title: MGRM () Delete
Name: LEE, JOHN B
Address: 2284 CARDWELL LANE
City-St-Zip: FRANKFORT, KY 40601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BARRY S LEE

MGRM

03/24/2009

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