

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005530

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** SBM FACILITY SERVICES, LLC

**Current Principal Place of Business:**

5241 ARNOLD AVE  
MCCLELLAN, CA 95652

**New Principal Place of Business:**

**Current Mailing Address:**

5241 ARNOLD AVE  
MCCLELLAN, CA 95652

**New Mailing Address:**

**FEI Number:** 26-1367999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA, ALAN D  
4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 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:** MGR  
**Name:** SOMERS, CHARLES  
**Address:** 5241 ARNOLD AVE  
**City-St-Zip:** MCCLELLAN, CA 95652

**Title:** MGR  
**Name:** TRACY, DON  
**Address:** 5241 ARNOLD AVE  
**City-St-Zip:** MCCLELLAN, CA 95652

**Title:** MGR  
**Name:** ALVARADO, RON  
**Address:** 5241 ARNOLD AVE  
**City-St-Zip:** MCCLELLAN, CA 95652

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:** RON ALVARADO

MGR

04/10/2012

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