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Secretary of State
07-31-2006 90145 012 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

20051132

DOCUMENT # L03000049453

1. Entity Name
CCS FEDERAL, LLC

Principal Place of Business	Mailing Address
426 NORTH FRONT STREET WORMLEYSBURG, PA 17043	P.O. BOX 0888 CAMP HILL, PA 17001 -0888

DO NOT WRITE IN THIS SPACE

07192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
16-7404246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVITT, THISTLE & DEVITT, P.A.
30 S. E. 4TH AVENUE
DELRAY BEACH, FL 33483

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

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	
NAME	SNAVELY, CHET JR.	MAILING:
STREET ADDRESS	426 NORTH FRONT STREET	P O BOX 0888
CITY-ST-ZIP	WORMLEYSBURG, PA 17043	CAMP HILL, PA 17001-0888
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _____ CHET SNAVELY, JR. 7/20/06 (717)761-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #