

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119230

**Entity Name:** CONTACT SERVICES OF CANTONMENT, LLC

**Current Principal Place of Business:**

421 WILLIAMS DITCH RD  
CANTONMENT, FL 32533

**Current Mailing Address:**

421 WILLIAMS DITCH RD  
CANTONMENT, FL 32533

**FEI Number:** 45-4974591

**Certificate of Status Desired:** No

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

HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name SANDERS, DAVY  
Address 421 WILLIAMS DITCH RD  
City-State-Zip: CANTONMENT FL 32533

Title MGR  
Name SANDERS, LAMAR  
Address 421 WILLIAMS DITCH RD  
City-State-Zip: CANTONMENT FL 32533

Title MGR  
Name SIMPSON, ROBERT  
Address 421 WILLIAMS DITCH RD  
City-State-Zip: CANTONMENT FL 32533

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVY SANDERS

**MANAGING MEMBER**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date