

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019039

1. Entity Name
CORPORATE CONFERENCE SERVICES, LLC



Principal Place of Business
5359 LAKE ARROWHEAD TRAIL
SARASOTA, FL 34231

Mailing Address
PO BOX 19985
SARASOTA, FL 34276



01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0467121

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAUSCHL, JAMES C.
5359 LAKE ARROWHEAD TRAIL
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
RAUSCHL, DOLORES
5359 LAKE ARROWHEAD TR.
SARASOTA, FL 34231

TITLE
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CITY- ST- ZIP

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000000206703
02/01/05-80016-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dolores F. Rauschl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-27-05

Date

941 923-7749

Daytime Phone #

DOLORES F. RAUSCHL