

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90034 038 \*\*\*\*50.00



**DOCUMENT # L02000006312**

1. Entity Name

CEG SERVICES, LLC

Principal Place of Business

1311 W NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442  
US

Mailing Address

1311 W NEWPORT CENTER DRIVE  
~~SUITE C~~  
DEERFIELD BEACH FL 33442  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**SUITE C**

Suite, Apt. #, etc.

**SUITE C**

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

75-3036536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALLO, WILLIAM  
1311 NEWPORT CENTER DRIVE WEST #C  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**WILLIAM J. GALLO**

(NOTE: Registered Agent Signature Required when reconstituting)

DATE

**1-23-07**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: CRAWFORD, RAYMOND  
STREET ADDRESS: 3301 SW 13TH DRIVE  
CITY ST ZIP: DEERFIELD BEACH FL 33442

TITLE: MGRM ☐ Delete  
NAME: GALLO, WILLIAM  
STREET ADDRESS: 1311 NEWPORT CENTER DRIVE WEST #C  
CITY ST ZIP: DEERFIELD BEACH FL 33442

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:  
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CITY ST ZIP:

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CITY ST ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **William J. Gallo** **1-23-07** **954 480-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #