

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 006 ****50.00

0030578

DOCUMENT # L02000006312

1. Entity Name
CEG SERVICES, LLC



Principal Place of Business Mailing Address

**3301 SW 13TH DRIVE
SUITE B
DEERFIELD BEACH FL 33442** **3301 SW 13TH DRIVE
SUITE B
DEERFIELD BEACH FL 33442**

2. Principal Place of Business 3. Mailing Address

1311 W. NEWPORT CENTER RD **1311 W. NEWPORT CENTER RD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DEERFIELD BCH, FL. **DEERFIELD BCH, FL.**

Zip Country Zip Country

33442 **USA** **33442** **USA**

4. FEI Number Applied For

75-223 6536 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, RAYMOND
3301 SW 13TH DRIVE
SUITE B
DEERFIELD BEACH FL 33442**

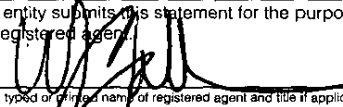
7. Name and Address of New Registered Agent

Name **William Gallo**

Street Address (P.O. Box Number is Not Acceptable) **1311 W. NEWPORT CENTER RD**

City **DEERFIELD BEACH** FL Zip Code **33442**

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  **menlan** DATE **4/22/03**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

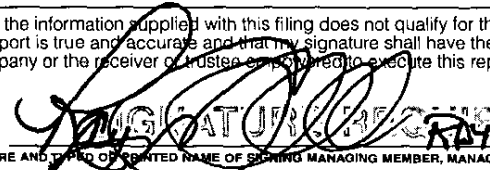
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, RAYMOND 3301 SW 13TH DRIVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLO, WILLIAM 3301 SW 13TH DRIVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBERHARDT, ERWIN 3301 SW 13TH DRIVE DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **RAYMOND CRAWFORD MGRM** DATE **4/30/03**

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

Daytime Phone #

CR2E083 (10/02)