

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023575

Entity Name: CFQ SERVICES, LLC

**FILED**  
**Apr 17, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 1178  
MERRITT ISLAND, FL 32954

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1178  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

FEI Number: 22-3876172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BISHOP, D M  
1085 PINE ISLAND ROAD  
MERRITT ISLAND, FL 32953 US

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

BISHOP, D M  
5635 N. COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953 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:

04/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BISHOP, D.M.  
Address: 1085 PINE ISLAND RD  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BISHOP, D.M.  
Address: 5635 N. COURTENAY PARKWAY  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: D M BISHOP

MGRM

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date