# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L03000013259**

1. Entity Name
CHRISTOPHER MARKETING SERVICES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 11119 WIGHTMAN DRIVE | 11119 WIGHTMAN DRIVE |
| WELLINGTON, FL 33414 | WELLINGTON, FL 33414 |

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01152007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|---|---|---|
| 26-0064769 | | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

CLOUSER, CHRISTOPHER
11119 WIGHTMAN DRIVE
WELLINGTON, FL 33414
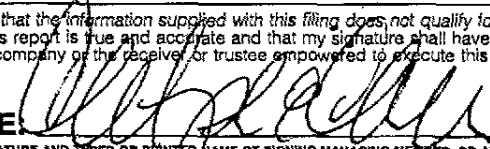
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2007**

II00000609334
02/01/07-80046-002 50.00

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MGRM | |
| NAME | CLOUSER, CHRISTOPHER E | |
| STREET ADDRESS | 1119 WIGHTMAN DRIVE | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____    1/20/07    5617901221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #