## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000013259

1. Entity Name

CHRISTOPHER MARKETING SERVICES, L.L.C.



**FILED** Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

11119 WIGHTMAN DRIVE WELLINGTON, FL 33414 11119 WIGHTMAN DRIVE WELLINGTON, FL 33414



01102008No Chg-LLC

CR2E083 (12/07)

5 Certificate of Status Desired	\$5.00 Additional	
26-0064769		Not Applicable
4. FEI Number	[	Applied For
<del></del>	 	A called Face

6. Name and Address of Current Registered Agent

CLOUSER, CHRISTOPHER 11110 MICHTMAN DRIVE

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WELLING	TON, FL 33414	IN THIS SF	PACE		
	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or both, in the State of Fi	orida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent algnature required when renatating)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUSER, CHRISTOPHER E 1119 WIGHTMAN DRIVE WELLINGTON, FL 33414		Alle Professor (M. Alle S. M. Server) (S. A. Alle S. M. Server) (S. A. Alle S. M. Server) (S. A. Alle S. M. Server) (S. M. Serve		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		01/28/08- 01/28/08-	795159 80036-010 138 75		

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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 reggiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP