

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000017334**

1. Entity Name  
**C&S ACTION SERVICES, LLC**



Principal Place of Business  
**11501 COLUMBIA PARK DRIVE WEST  
SUITE 203  
JACKSONVILLE, FL 32258**

Mailing Address  
**11501 COLUMBIA PARK DRIVE WEST  
SUITE 203  
JACKSONVILLE, FL 32258**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**



02082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0782402**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CROSKREY, JANET S  
11501 COLUMBIA PARK DRIVE WEST, SUITE 203  
JACKSONVILLE, FL 32258**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STONE, ROY G  
11501 COLUMBIA PARK DRIVE WEST, SUITE 203  
JACKSONVILLE, FL 32258**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000238868  
02/23/05-80017-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

Daytime Phone #

**Roy G. Stone**

**2-14-05**

**904 509-8464**