

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006224

1. Entity Name
CONTRACT HOSPITALITY SERVICES, L.L.C.



FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 001 ****55.00

Principal Place of Business
1920 SOUTHWEST 24TH TERRACE
FT. LAUDERDALE, FL 33312

Mailing Address
1920 SOUTHWEST 24TH TERRACE
FT. LAUDERDALE, FL 33312

2. Principal Place of Business - No P.O. Box #
236 Ormwood Drive
Suite, Apt. #, etc.

3. Mailing Address
236 Ormwood Drive
Suite, Apt. #, etc.



03242007 Chg-LLC CR2E083 (12/06)

City & State
Ormond Beach, FL
Zip 32176 County USA

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Ormond Beach, FL
Zip 32176 County USA

4. FEI Number
80-0105356
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACKBURN, STEPHEN M
412 NORTHEAST 4TH STREET
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAFFIN, JANE B 1920 SOUTHWEST 24TH TERRACE FT. LAUDERDALE, FL 33312	<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
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	MGR Linda Carole Valcik 236 Ormwood Drive Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jerry A. Valcik 236 Ormwood Drive Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" 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 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: L. Carole Valcik

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

3/24/07 386-441-5247

Date Daytime Phone #