

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000010997

1. Entity Name
CTL, LLC



Principal Place of Business
350 MRYTICE AVENUE
MERRITT ISLAND, FL 32953

Mailing Address
350 MRYTICE AVENUE
MERRITT ISLAND, FL 32953



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2447667

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHTHOLDER, DAVID R JR.
350 MRYTICE AVENUE
MERRITT ISLAND, FL 32953

**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, 2007**

U000000587555
01/17/07-80038-006 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------|
| TITLE | MGRM |
| NAME | LIGHTHOLDER, DAVID R JR. |
| STREET ADDRESS | 350 MRYTICE AVENUE |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | MGRM |
| NAME | LIGHTHOLDER, DAVID R SR. |
| STREET ADDRESS | 350 MRYTICE AVENUE |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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.

DAVID R. LIGHTHOLDER, SR., MGRM

SIGNATURE: *David R. Lightholder, Sr.* MGRM

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

1/12/07

Date

(321) 453-5253

Daytime Phone #