

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014042

FILED
Aug 09, 2006
Secretary of State

Entity Name: CORRECTION SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

2833 REMINGTON GREEN CIR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2833 REMINGTON GREEN CIR.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 73-1697797 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHOSSLER, WILLIAM
2833 REMINGTON GREEN CIR.
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOSSLER, WILLIAM R
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: QUALLS, AL
Address: 209 HARRIS ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: DURRANCE, LINDA
Address: P.O. BOX 1314
City-St-Zip: BRONSON, FL 32621

Title: MGRM () Delete
Name: MOODY, HORACE
Address: 2833 REMINGTON GREEN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: GARDNER, TOM
Address: 3509 DEER LANE DR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM SCHOSSLER

MGRM

08/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date