

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90065 041 ****50.00

DOCUMENT # L04000014412

1. Entity Name
CPS SERVICES, L.L.C.



Principal Place of Business
407 GAMBLE ROAD
MONTICELLO, FL 32344

Mailing Address
407 GAMBLE ROAD
MONTICELLO, FL 32344

20064850

2. Principal Place of Business
4910 N. Monroe St
Suite, Apt. #, etc.

3. Mailing Address
4910 N. Monroe St
Suite, Apt. #, etc.



07112005 Chg-LLC CR2E083 (10/03)

City & State
Tallahassee FL
Zip 32303 Country USA

City & State
Tallahassee FL
Zip 32303 Country USA

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

SELLERS, CLAUDE P JR
834 LAUREL STREET
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Sellers, Claude P.
Street Address (P.O. Box Number is Not Acceptable)
4910 N. Monroe St

City Tallahassee FL Zip Code 32303

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 Claude P. Sellers Jr. DATE 7/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SELLERS, CLAUDE P JR
STREET ADDRESS 834 LAUREL STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Sellers, Claude P Jr ☒ Change ☐ Addition
STREET ADDRESS 4910 N. Monroe St
CITY-ST-ZIP Tallahassee FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claude P. Sellers Jr. DATE 7/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE