

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014412

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

4910 N MONROE ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4910 N MONROE ST  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SELLERS, CLAUDE P JR  
4910 N MONROE ST  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: SELLERS, CLAUDE P JR  
Address: 4910 N MONROE ST  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

**ADDITIONS/CHANGES:**

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

Title: MGMR ( ) Change (X) Addition  
Name: SHEFFIELD, SCOTT L  
Address: 643 CHANCEY LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGMR ( ) Change (X) Addition  
Name: TOZZI, SALVATORE J JR  
Address: 702 MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDE P. SELLERS, JR.

MGR

04/30/2007

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