

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90193 023 ****50.00

DOCUMENT # L04000014455

1. Entity Name

CTST, LLC



Principal Place of Business

970 CAPE MARCO DRIVE #1707
MARCO ISLAND FL 34145

Mailing Address

970 CAPE MARCO DRIVE #1707
MARCO ISLAND FL 34145

2. Principal Place of Business

970 CAPE MARCO DR #1707
Suite, Apt. #, etc.

3. Mailing Address

970 CAPE MARCO DR #1707
Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

City & State

MARCO ISLAND FL

Zip

34145

Country

US

Zip

34145

Country

US

4. FEI Number

84-1638598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLBERG, DENNIS M
970 CAPE MARCO DRIVE #1707
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: DENNIS HALLBERG
Street Address (P.O. Box Number is Not Acceptable): 970 CAPE MARCO DR #1707

City: MARCO ISLAND FL Zip Code: 34145

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: DENNIS HALLBERG

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-26-06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: HALLBERG, DENNIS M
STREET ADDRESS: 970 CAPE MARCO DRIVE # 1707
CITY-ST-ZIP: MARCO ISLAND FL 34145 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DENNIS HALLBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-26-06

Date

Daytime Phone #