

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015209

1. Entity Name
CHOCTAW MANAGEMENT SERVICES, LLC



Principal Place of Business

**1271 N. EGLIN PKWY
SHALIMAR, FL 32579 US**

Mailing Address

**PO BOX 942
SHALIMAR, FL 32579 US**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0869682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR.
200 AVIATION DRIVE
SUITE 2
NAPLES, FL 34104**

**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 this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WATTS, EDWIN
1271 N. EGLIN PKWY
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WATTS, MARY
1271 N. EGLIN PKWY
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000524544
05/03/06-80119-004 50.00

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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.

SIGNATURE: *Harry W. Gates, CFO* *Harry W. Gates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-17-06

850-244-2066

Date

Daytime Phone #