

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

04-26-2007 90037 034 ***150.00

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**

30008175



04152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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:

Henry Watts CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5-16-07

Date

850-244-2066

Daytime Phone #