

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019195

Entity Name: CCS SERVICES LLC

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2117 SOUTH BABCOCK STREET #218  
MELBOURNE, FL 32901

**New Principal Place of Business:**

221 WEST HIBISCUS BOULEVARD #218  
MELBOURNE, FL 32901

**Current Mailing Address:**

PO BOX 121386  
WEST MELBOURNE, FL 32912

**New Mailing Address:**

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

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

CRAWFORD, LEROY J  
2117 SOUTH BABCOCK STREET #218  
MELBOURNE, FL 32901 US

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

CRAWFORD, LEROY J  
221 WEST HIBISCU BOULEVARD #218  
MELBOURNE, FL 32901 US

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: LEROY CRAWFORD

01/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CRAWFORD, LEROY J  
Address: 221 WEST HIBISCUS BOULEVARD #218  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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: LEROY CRAWFORD

MGR

01/24/2011

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