

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019195

Entity Name: CCS SERVICES LLC

**FILED**  
**Jul 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

221 WEST HIBISCUS BOULEVARD #218  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**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 ( )

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

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

07/17/2012

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