

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024046

Entity Name: C & Z SERVICES, LLC

FILED  
Jan 17, 2005  
Secretary of State

**Current Principal Place of Business:**

500 EL CAMINO DRIVE  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 EL CAMINO DRIVE  
DELTONA, FL 32738 US

**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:**

CROCKETT, KATHERINE E  
500 EL CAMINO DRIVE  
DELTONA, FL 32738 US

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

MCCORMICK, SHELLY MRS  
668 CHEOY LANE  
WINTER SPRINGS, FL 32708 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: SHELLY MCCORMICK

01/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CROCKETT, CHRISTOPHER D  
Address: 500 EL CAMINO DRIVE  
City-St-Zip: DELTONA, FL 32738 US

Title: MGR ( ) Delete  
Name: ZIMMERMAN, STACY E  
Address: 1253 MARTIN BLVD  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: CHRISTOPHER D CROCKETT

MR

01/17/2005

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