## 2007 LIMITED LIABILITY COMPANY

## Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L04000087258 04-16-2007 90342 033 \*\*\*\*50.00 CROWN CONTRACT SERVICES, LLC Principal Place of Business Mailing Address 60036742 1501 NORTH GUILLEMARD STREET 1501 NORTH GUILLEMARD STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 59-3150567 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 125 W. ROMANA STREET, SUITE 800 PENSACÖLA, FL 32502 City Zip Code FI 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM TITLE ☐ Delete TITLE ☐ Change Addition ANN BELLEAU PR FOR GEORGE BELLEAU MAME NAME STREET ADDRESS 1501 N GULLEMAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA, FL 32501 MGRM ☐ Delete Change Addition TITLE TITLE BELLEAU, ANN F NAME NAME STREET ADDRESS STREET ADDRESS 1501 N GUILLEMARD ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32501 TITLE ☐ Delete TITLE President ☐ Change XX Addition Donald L. Haferkamp NAME NAME STREET ADDRESS STREET AUDRESS 1501 N. Guillemard Street CITY-ST-ZIP Pensacola, FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Chance Addition TITLE

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 hat 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 fuster empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

City-ST-ZIP

TITLE

E OF MIGNING MANAGE

☐ Delete

Donald L. Haferkamp

Member, Manager, or Authorized Representative

(850)469-

Change

☐ Addition

FILED