

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044044

Entity Name: C & S SERVICES, L.L.C.

FILED
Mar 04, 2006
Secretary of State

Current Principal Place of Business:

482 SW 9TH STREET, #12
BOCA RATON, FL 33432

New Principal Place of Business:

5640 PACIFIC BOULEVARD
#1013
BOCA RATON, FL 33433

Current Mailing Address:

482 SW 9TH STREET, #12
BOCA RATON, FL 33432

New Mailing Address:

5640 PACIFIC BOULEVARD
#1013
BOCA RATON, FL 33433

FEI Number: 20-2808551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERRUFINO, CAROLINA
482 SW 9TH STREET, #12
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FERRUFINO, CAROLINA
5640 PACIFIC BOULEVARD
#1013
BOCA RATON, FL 33433 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:

03/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERRUFINO, CAROLINA
Address: 482 SW 9TH STREET, #12
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Delete
Name: FABRO, SEBASTIAN
Address: 482 SW 9TH STREET, #12
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FERRUFINO, CAROLINA
Address: 5640 PACIFIC BOULEVARD #1013
City-St-Zip: BOCA RATON, FL 33433

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 Chapter 119, 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: CAROLINA FERRUFINO

PRES

03/04/2006

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