

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063194

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** CTC COAST TO COAST EMPLOYEE SERVICES LLC

**Current Principal Place of Business:**

200 SANDESTIN LANE  
817  
DESTIN, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 SANDESTIN LANE  
817  
DESTIN, FL 32550 US

**New Mailing Address:**

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

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

YEAKLEY, ROGER M  
200 SANDESTIN LANE  
817  
DESTIN, FL 32550 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 ( ) Delete  
Name: YEAKLEY, ROGER M  
Address: 200 SANDESTIN LANE #817  
City-St-Zip: DESTIN, FL 32550 US

Title: MGR ( ) Delete  
Name: RAFFIELD, AARON  
Address: 97 CRYSTAL BEACH DRIVE  
City-St-Zip: DESTIN, F 32541 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 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: AARON RAFFIELD

MGR

04/30/2006

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