

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000071113

1. Entity Name

PORT CANAVERAL TERMINAL SERVICES, LLC



Principal Place of Business

245 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

Mailing Address

6621 WILBANKS ROAD
KNOXVILLE TN 37912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3295978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDLER, HENRY B
2255 GLADES ROAD
218A
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
AMBASSADOR SERVICES, INC. ☐ Delete
STREET ADDRESS
245 CHALLENGER ROAD
CITY- ST- ZIP
CAPE CANAVERAL FL 32920

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
U00000743241
CITY- ST- ZIP
05/15/07-80102-007 50.00

TITLE
NAME
MGRM
CANAVERAL BULK TERMINAL, INC. ☐ Delete
STREET ADDRESS
20125 STATE ROAD 80, PO BOX 700
CITY- ST- ZIP
LOXAHATCHEE FL 33470

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
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☐ Change ☐ Addition
STREET ADDRESS
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CITY- ST- ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-07

865-219-7357