

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 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**

DO NOT WRITE IN THIS SPACE



04072008No Chg-LLC

CR2E083 (12/07)

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

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

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000941708
05/28/08-80118-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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 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: Sharon M. Simpson Sharon M Simpson, Asst. Corp. Secretary 4-29-08 (865) 219-7357

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

Date

Daytime Phone #