

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000076594**

**1. Entity Name**  
**CHRIS COMBS COMPREHENSIVE SERVICES, LLC**



**Principal Place of Business**  
**3942 TUCKS ROAD**  
**BOYNTON BEACH, FL 33436**

**Mailing Address**  
**3942 TUCKS ROAD**  
**BOYNTON BEACH, FL 33436**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**26-6230383**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**COMBS, CHRIS**  
**3942 TUCKS ROAD**  
**BOYNTON BEACH, FL 33436**

**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 renewing)*

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2008**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**COMBS, CHRIS**  
**3942 TUCKS ROAD**  
**BOYNTON BEACH, FL 33436**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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03/02/06-80003-002 50.00

**DO NOT WRITE  
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**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 606, Florida Statutes.**

**SIGNATURE:**

*Signature and typed or printed name of signer's managing member, or authorized representative*

**2-17-06**

**561-715-6677**

**Cell**

**Daytime Phone #**