

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90020 031 ****50.00

DOCUMENT # L05000079966

1. Entity Name
THE SERVICE CENTER, LLC



Principal Place of Business
**3500 REYNOLDS RD.
LAKELAND, FL 33803**

Mailing Address
**3500 REYNOLDS RD.
LAKELAND, FL 33803**

00000170



2. Principal Place of Business
3500 Reynolds Road
Suite, Apt. #, etc.

3. Mailing Address
3500 Reynolds Road
Suite, Apt. #, etc.

03172006 Chg-LLC CR2E083 (11/05)

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
20-3301309

Applied For
Not Applicable

Zip Country
33803-7327 Polk

Zip Country
33803-7327 Polk

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AIRTH, HAL A JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
**MGRM
CCLK, LLC**
STREET ADDRESS **3500 REYNOLDS RD.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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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 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: Charles A. Funk

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

03/20/06 (863) 669-0861

Date

Daytime Phone #