

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109342

FILED
Mar 20, 2009
Secretary of State

Entity Name: CAC COMMUNITY SERVICES, LLC

Current Principal Place of Business:

3108 W. AZEELE STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3108 W. AZEELE STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 04-3798266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 BOY SCOUT BLVD.
CORPORATE CENTER THREE AT INTL. PLAZA
TAMPA, FL FL, 33609 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: D'AGOSTINO, PAUL
Address: 7811 CAPWOOD AVE.
City-St-Zip: TAMPA, FL 33637 US

Title: MGR () Delete
Name: MCEWEN, BRIAN
Address: 11401 W. ELBOW DRIVE
City-St-Zip: TAMPA, FL 33612 US

Title: MGR () Delete
Name: GINGLE, BRIAN
Address: 4229 13TH WAY NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM () Delete
Name: HOPKINS, ELIZABETH
Address: 2220 WILDWOOD HOLLOW DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: AMUSO, JEAN
Address: 16011 GLEN HAVEN DRIVE
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM () Delete
Name: GUILFORD, LARRY
Address: P.O. BOX 7001
City-St-Zip: WESLEY CHAPEL, FL 33544 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GAMBLE, MARY
Address: 110 WOODCREEK DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM (X) Change () Addition
Name: BEVERIDGE, CATHY
Address: 501 EAST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify 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: PAUL A. D'AGOSTINO

MGR

03/20/2009

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