


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State


DOCUMENT # L05000118647

1. Entity Name
POLK RETAIL SERVICES, LLC



Principal Place of Business 5451 BLOOMFIELD BOULEVARD LAKELAND, FL 33810 US	Mailing Address 5451 BLOOMFIELD BOULEVARD LAKELAND, FL 33810 US
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3958654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CROSBY, JASON S
 5451 BLOOMFIELD BOULEVARD
 LAKELAND, FL 33810**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000719309
 05/01/07-80058-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSBY, JASON S 5451 BLOOMFIELD BOULEVARD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSBY, CHRISTINA B 5451 BLOOMFIELD BOULEVARD LAKELAND, FL 33810
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE:  **JASON CROSBY** **4/16/07** **863-859-2801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #