


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000119577 1. Entity Name CT TRANSMISSIONS, LLC.					
Principal Place of Business 3824 WEST FAIRFIELD DR. PENSACOLA FL 32505			Mailing Address 3824 WEST FAIRFIELD DR. PENSACOLA FL 32505		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent FERGUSON, ROBERT L 3824 WEST FAIRFIELD DR. PENSACOLA FL 32505			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MM ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					



1st MOORE CR2E083 (10/06)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent FERGUSON, ROBERT L 3824 WEST FAIRFIELD DR. PENSACOLA FL 32505			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MM ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERT, FERGUSON 3824 WEST FAIRFIELD DR PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000638621
02/27/07-80039-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/14/07** **850.456.2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #