2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L06000058999

Entity Name: CCGS, LLC

Current Principal Place of Business:

2918 W. BAY VILLA AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2918 W. BAY VILLA AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 86-1170209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEARD, ALLISON E
2918 W. BAY VILLA AVENUE
TAMPA, FL 33611 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: MR. ( ) Delete
Name: BARLOW, CLARK W
Address: 3711 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33611

Title: MRS. (X) Delete
Name: BARLOW, GLENDA R
Address: 3711 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEARD, ALLISON E
Address: 2918 W. BAY VILLA AVENUE
City-St-Zip: TAMPA, FL 33611

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

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: ALLISON E BEARD MGR 01/04/2008

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