2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L06000063991

Entity Name: CCS, LLC

Current Principal Place of Business:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 32224

New Principal Place of Business:

10937 DOVER COVE LN
JACKSONVILLE, FL 32225

Current Mailing Address:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 32224

New Mailing Address:

10937 DOVER COVE LN
JACKSONVILLE, FL 32225

FEI Number: 20-5148197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONEBURNER BERRY & SIMMONS, P.A.
851 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207 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: COMERFORD, WILLIAM C
Address: 11555 CENTRAL PARKWAY, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COMERFORD, WILLIAM C
Address: 10937 DOVER COVE LN
City-St-Zip: JACKSONVILLE, FL 32225

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: WILLIAM C. COMERFORD MANA 02/04/2009

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