


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90006 027 \*\*\*143.75

<b>DOCUMENT # L06000086932</b> 1. Entity Name <b>CAPITAL MANAGEMENT SERVICES, L.L.C.</b>		
Principal Place of Business <b>777 SOUTH FLAGLER SUITE 800, WEST TOWER WEST PALM BEACH, FL 33401 US</b>		Mailing Address <b>777 SOUTH FLAGLER SUITE 800, WEST TOWER WEST PALM BEACH, FL 33401 US</b>
2. Principal Place of Business - No P.O. Box # <b>1155 S. SEMORAN BLVD</b>	3. Mailing Address <b>1155 S. SEMORAN BLVD</b>	
Suite, Apt. #, etc. <b>Ste # 1120</b>	Suite, Apt. #, etc. <b>Ste # 1120</b>	
City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>	
Zip <b>32792</b>	Country <b>US</b>	Zip <b>32792</b>
Country <b>US</b>		Country <b>US</b>
<b>6. Name and Address of Current Registered Agent</b> <b>LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803</b>		
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR TEPLITSKY, IGOR 777 SOUTH FLAGLER, SUITE 800, SO. TOWER WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR TEPLITSKY, LILIAN 7367 SARIMENTO PLACE DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR TEPLITSKY, MARINA 7367 SARIMENTO PLACE DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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.		DATE <b>4/18/08</b>
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>407-571-4355</b>

60039624



04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5498178

Applied For  
Not Applicable

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