

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 014 ***138.75

DOCUMENT # L06000094716

1. Entity Name
FORRESTER CONTRACT SERVICES, LLC



Principal Place of Business
**3566 CRESCENT POINT CT.
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**3566 CRESCENT POINT CT.
GREEN COVE SPRINGS, FL 32043 US**

60037163



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

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5624727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORRESTER, WILLIAM B III
3566 CRESCENT POINT CT.
GREEN COVE SPRINGS, FL 32043**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
FORRESTER, WILLIAM B III
3566 CRESCENT POINT CT.
GREEN COVE SPRINGS, FL 32043**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
FORRESTER, JASON WILLIAM
110 WOODCREST #123
ST. AUGUSTINE, FLORIDA 32084**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
FORRESTER, DIANE P
3566 CRESCENT POINT CT.
GREEN COVE SPRINGS, FL 32043**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
FORRESTER, JOSHUA BAILLIE
110 WOODCREST #123
ST. AUGUSTINE, FLORIDA 32084**

☐ Change ☒ Addition

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:

W.B. Forrester III

William B. FORRESTER III 4/23/08 904-449-2342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #