

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064016

Entity Name: CSS SERVICES, LLC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

375 N 434 SR  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1187 BELLA VISTA CIR  
LONGWOOD, FL 32779

**New Mailing Address:**

750 CRISTALDI WAY  
LONGWOOD, FL 32779

FEI Number: 26-0796838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARNICA GOMEZ, ARLIS J  
1187 BELLA VISTA CIR  
LONGWOOD, FL 32779 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: MGRM  
Name: GARNICA, JOSE R  
Address: 1187 BELLA VISTA CIR  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM  
Name: GOMEZ DE GARNICA, MARGARITA  
Address: 1187 BELLA VISTA CIR  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR  
Name: GARNICA GOMEZ, ARLIS J  
Address: 1187 BELLA VISTA CIR  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: ARLIS J GARNICA

MGR

04/21/2011

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