

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035086

Entity Name: CG SERVICES, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

849 CARRICK BEND CIRCLE  
103  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

849 CARRICK BEND CIRCLE  
103  
NAPLES, FL 34110 US

**New Mailing Address:**

FEI Number: 45-1059702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENLEAF, GARY T  
849 CARRICK BEND CIRCLE  
103  
NAPLES, FL 34110 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  
Name: GREENLEAF, GARY T  
Address: 849 CARRICK BEND CIRCLE, #103  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR  
Name: GREENLEAF, CLAUDIA J  
Address: 849 CARRICK BEND CIRCLE, #103  
City-St-Zip: NAPLES, FL 34110 US

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: GARY T. GREENLEAF

MGR

04/27/2012

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