2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000002311

1. Entity Name
CT SERVICES, LLC

Principal Place of Business	Mailing Address
4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705	4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705

01092006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2333396

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TINI, CHARLES A
28000 BOCCACIO WAY
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

100000414861
02/11/06-80055-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TINI, CHARLES
STREET ADDRESS	4700 CORRIDOR PLACE, SUITE A
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/23/2006 301.595.5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #