## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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DOCUMENT # M01000002311

1. Entity Name CT SERVICES, LLC



**FILED** Jul 17, 2008 08:00 AM Secretary of State

Principal Place of Business

4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705

Mailing Address

4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705



07082008 No Chg-LLC

CR2E083 (12/07)

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 160 CREPE MYRTLE DR GROVELAND, FL 34736

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	named entity submits this statement for ions of registered agent.	the purpose of cha	anging its registere	d office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept	í
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered				Agent signature required when rainstating)	DATE	
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordar tiability com	nce with s. 607.19 npany did not rec	93(2)(b), F.S., the limited eive the prior notice.		
9. MANAGING MEMBERS/MANAGERS						_
TITLE NAME STREET ADDRESS	MGRM TINI, CHARLES 4700 CORRIDOR PLACE, SUITE	A			U00000955396 07/17/08-80003-021 138.75	

CITY-ST-ZIP BELTSVILLE, MD 20705 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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: <u>人</u>

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

301.595.5191