

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002311

Entity Name: CT SERVICES, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

900 MONTGOMERY ST.  
LAUREL, MD 20707

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1340  
LAUREL, MD 207251340

**New Mailing Address:**

900 MONTGOMERY ST.  
LAUREL, MD 20707

FEI Number: 52-2333396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TINI, CHARLES A  
160 CREPE MYRTLE DR  
GROVELAND, FL 34736 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: TINI, CHARLES  
Address: 900 MONTGOMERY STREET  
City-St-Zip: LAUREL, MD 20707

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: JAY DULEY

MG

01/06/2012

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