

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000651

1. Entity Name
MISSCO CONTRACT SALES, LLC



Principal Place of Business
2510 LAKELAND TERRACE, SUITE 100
JACKSON, MS 39216

Mailing Address
2510 LAKELAND TERRACE, SUITE 100
JACKSON, MS 39216



01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0207070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOCUMB, LYNN E
3199 LAKESIDE CIRCLE
PARRISH, FL 34219-9340

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000206523
02/01/05-90009-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SORGENFREI, MARK A
2510 LAKELAND TERRACE, SUITE 100
JACKSON, MS 39216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SMITH, VICTOR L
2510 LAKELAND TERRACE, SUITE 100
JACKSON, MS 39216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PEETS, RANDOLPH D III
2510 LAKELAND TERRACE, SUITE 100
JACKSON, MS 39216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 exemption stated in Section 119.07(3)(i), 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: Mark A. Sorgenfrei Mark A. Sorgenfrei

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

Date

Daytime Phone #