2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000651

1. Entity Name
MISSCO CONTRACT SALES, LLC

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

DO NOT WRITE IN THIS SPACE

03092006 No Chg-LLC CR2E083 (11/05)

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

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SORGENFREI, MARK A
STREET ADDRESS	2510 LAKELAND TERRACE, SUITE 100
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	MGR
NAME	SMITH, VICTOR L
STREET ADDRESS	2510 LAKELAND TERRACE, SUITE 100
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	MGR
NAME	PEETS, RANDOLPH D III
STREET ADDRESS	2510 LAKELAND TERRACE, SUITE 100
CITY-ST-ZIP	JACKSON, MS 39216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Mark A. Sorgenfrei

SIGNATURE: Mark A. Sorgenfrei 3/10/06 601-368-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #