

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90040 033 ***138.75

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

60009992



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0207070 26-1440745

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Mark A. Sorgenfrei* Mark A. Sorgenfrei, Mgr.

2-21-2008

601/987-8600

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

Date

Daytime Phone #