

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077187

Entity Name: CGSC, LLC

FILED  
Jan 12, 2005  
Secretary of State

**Current Principal Place of Business:**

4995 NORTH OCEANSHORE BOULEVARD  
PALM COAST, FL 32137

**New Principal Place of Business:**

11 16TH RD. W.  
PALM COAST, FL 32137

**Current Mailing Address:**

4995 NORTH OCEANSHORE BOULEVARD  
PALM COAST, FL 32137

**New Mailing Address:**

11 16TH RD. W.  
PALM COAST, FL 32137

FEI Number: 20-1786918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HELLER, KIM F  
306 OCEANSHORE BOULEVARD  
FLAGLER BEACH, FL 32136 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ABEL, AARON C  
Address: 4995 NORTH OCEANSHORE BOULEVARD  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ABEL, AARON C  
Address: 11 16TH RD. W.  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AARON C. ABEL

PRES

01/12/2005

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