

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077187

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Entity Name:** CGSC, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-1786918      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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/MANAGERS:**

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

Title: MGRM ( ) Delete  
Name: ABEL, MICHELE R  
Address: 11 16TH ROAD WEST  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MGRM

04/10/2009

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