

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000056582

**Entity Name:** C & S REALTY AND PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

757 S.E. 17TH ST  
SUITE 435  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

757 S.E. 17TH ST  
SUITE 435  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 47-4217412

**Certificate of Status Desired:** Yes

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

LOMACK, CHASHIA L  
757 S.E. 17TH ST  
SUITE 435  
FORT LAUDERDALE, FL 33316 US

*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:** CHASHIA L LOMACK

04/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LOMACK, SYRIA L  
Address 757 S.E. 17TH ST  
SUITE 435  
City-State-Zip: FORT LAUDERDALE FL 33316

Title AMBR  
Name NIXON, SYREETA N  
Address 757 S.E. 17TH ST  
SUITE 435  
City-State-Zip: FORT LAUDERDALE FL 33316

Title AMBR  
Name JAMES, HAZEL C  
Address 757 S.E. 17TH ST  
SUITE 435  
City-State-Zip: FORT LAUDERDALE FL 33316

Title AMBR  
Name JAMES, TREVON E  
Address 757 S.E. 17TH ST  
SUITE 435  
City-State-Zip: FORT LAUDERDALE FL 33316

Title AMBR  
Name LOMACK, GREGORY K  
Address 757 S.E. 17TH ST  
SUITE 435  
City-State-Zip: FORT LAUDERDALE FL 33316

Title OWNER  
Name LOMACK, CHASHIA L LOMACK  
Address 757 S.E. 17TH ST  
SUITE 435  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHASHIA L LOMACK

OWNER

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date