

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000268924

**Entity Name:** CS TAMPA LLC

**Current Principal Place of Business:**

5014 16TH AVE., #416  
BROOKLYN, NY 11204

**Current Mailing Address:**

5014 16TH AVE., #416  
BROOKLYN, FL 11204 US

**FEI Number:** 83-2604844

**Certificate of Status Desired:** No

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

INTERSTATE AGENT SERVICES, LLC.  
100 SW 2ND STREET  
SUITE 2000 #209  
MIAMI, FL 33131 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | MGR                  | Title           | MGR                  |
| Name            | MILSTEIN, YECHESKEL  | Name            | GRUNZWEIG, SHIA      |
| Address         | 5014 16TH AVE., #416 | Address         | 5014 16TH AVE., #416 |
| City-State-Zip: | BROOKLYN NY 11204    | City-State-Zip: | BROOKLYN NY 11204    |

*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:** YECHESKEL MILSTEIN

CEO

04/14/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date