

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000001324

1. Entity Name  
CONTROL SPECIALIST INTERNATIONAL LLC



Principal Place of Business  
864 POINTSETTIA STREET  
CASSELBERRY, FL 32707

Mailing Address  
CONTROL SPECIALIST INC, LLC  
PO BOX 182033  
CASSELBERRY, FL 32718-2033



02162005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3629173	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CROWDER, DAVID  
820 LAKE KATHRYN CR.  
CASSELBERRY, FL 32070

**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

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ELLY, RICHARD J
STREET ADDRESS	864 POINTSETTIA STREET
CITY-ST-ZIP	CASSELBERRY, FL 32707

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03/16/05-80059-003 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard J. Elly Richard J. Elly

3/7/05

407-695-5194

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

Date

Daytime Phone #