

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90003 039 ****50.00

DOCUMENT # L00000001324



1. Entity Name
CONTROL SPECIALIST INTERNATIONAL LLC

Principal Place of Business

**864 POINTSETTIA STREET
CASSELBERRY FL 32707**

Mailing Address

**142 SEMORAN BLVD., PMB 311
CASSELBERRY FL 32707-4203**

2. Principal Place of Business

3. Mailing Address

CONTROL SPECIALIST INC, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 182033

City & State

City & State

CASSELBERRY FL

Zip

Country

Zip

Country

32718-2033

SEMINOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLY, RICHARD J 864 POINTSETTIA STREET CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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

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

2-8-03

Date

(407)699-5194

Daytime Phone #

CR2E083 (10/02)