


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90144 004 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L00000005130</b><br>1. Entity Name<br>CSENGE ADVISORY GROUP, LLC |  |
|--|---|

Principal Place of Business

4755 EAST BAY DR  
CLEARWATER, FL 33764

Mailing Address

4755 EAST BAY DR  
CLEARWATER, FL 33764



01202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3643590

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CSENGE, JOHN L  
4755 EAST BAY DR  
CLEARWATER, FL 33764

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
CSENGE, JOHN L  
4755 EAST BAY DR  
CLEARWATER, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
CSENGE, STEPHEN  
4755 EAST BAY DR  
CLEARWATER, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #