

FILED
Jun 19, 2002 8:00 am
Secretary of State

04-30-2002 90017 035 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000013273

1. Entity Name

C+S Properties, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4440 ELDRON AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1712

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT, FL

City & State

AMERICUS, GA

4. FEI Number

65-1135320

Applied For

Not Applicable

5. Certificate of Status, Debted

☐

\$5.00 Additional

Fee Required

Zip

34287

Country

USA

Zip

31709

Country

USA

DO NOT WRITE
IN THIS SPACE

Name SANDRA G. SCILBNER

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

4440 ELDRON AVE

City NORTH PORT

FL 34287

6. 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

Sandra G. Scilbner

FEE IS \$50.00
 Make Check Payable to Department of State
 DUE BY MAY 1

B. MANAGING MEMBERS/MANAGERS

TITLE MEMBER
 NAME SANDRA G. SCILBNER
 STREET ADDRESS 4440 ELDRON AVE
 CITY-STATE-ZIP NORTH PORT, FL 34287

TITLE MEMBER
 NAME PABLO H. COLLINS III
 STREET ADDRESS 237 HOBBS SHOPS CIRCLE
 CITY-STATE-ZIP AMERICUS, GA 31707

TITLE
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 CITY-STATE-ZIP

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 STREET ADDRESS
 CITY-STATE-ZIP

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 119.002(1)(b), 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. 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 600, Florida Statutes.

SIGNATURE:

Pablo H. Collins III

4/18/02 229-928-0011

Sandra G. Scilbner 5-13-02 941-429-0595