

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022248

Entity Name: C-SQUARE LLC

FILED  
Jan 21, 2008  
Secretary of State

## Current Principal Place of Business:

499 LAKE DOE BLVD.  
APOPKA, FL 327035044

## New Principal Place of Business:

499 LAKE DOE BLVD.  
APOPKA, FL 327035000

## Current Mailing Address:

499 LAKE DOE BLVD.  
APOPKA, FL 327035044

## New Mailing Address:

499 LAKE DOE BLVD.  
APOPKA, FL 327035000

FEI Number: 59-2319308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NANCY, POE  
499 LAKE DOE BLVD  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

NANCY, POE  
499 LAKE DOE BLVD  
APOPKA, FL 327035000 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: NANCY POE

01/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NANCY, POE  
Address: 499 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: NANCY, POE  
Address: 499 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 327035000

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NANCY POE

MGR

01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date