

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020634**

1. Entity Name  
CSRF, LLC



Principal Place of Business  
15680 CATALPA COVE DRIVE  
FORT MYERS, FL 33908

Mailing Address  
15680 CATALPA COVE DRIVE  
FORT MYERS, FL 33908



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1443390

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, CRAIG R  
15680 CATALPA COVE DRIVE  
FORT MYERS, FL 33908

**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

*Craig R. Stevens* / Craig R. Stevens

1/7/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000778171  
01/10/08-80038-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEVENS, CRAIG R
STREET ADDRESS	15680 CATALPA COVE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	MGRM
NAME	FREUND, RICHARD S
STREET ADDRESS	5661 INDEPENDENCE CIRCLE, SUITE 1
CITY-ST-ZIP	FORT MYERS, FL
TITLE	MGRM
NAME	HARTZ, CHARLES
STREET ADDRESS	4800 LEJUENE RD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Craig R. Stevens* / Craig R. Stevens

1/7/08 239-433-6880

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

Date

Daytime Phone #