

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000205

1. Entity Name  
CS GROUP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 28 AM 9:31

Principal Place of Business  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613

Mailing Address  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613



04132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1908909

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TSOKOS, CHRIS P  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613

**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 \_\_\_\_\_

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

400126887724  
04/29/08--01035--019 \*\*911.25

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TSOKOS, CHRIS P  
1202 PARRILLA DE AVILA  
TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SILVERMAN, STEVEN  
5907 W. LINEBAUGH AVE.  
TAMPA, FL 33624

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

B 4/29/08

**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: CHRIS P. Tsokos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-08 (813) 961-1992  
Date Daytime Phone #