

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/9/02

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90023 024 \*\*\*\*50.00

**DOCUMENT # L03000000205**

1. Entity Name

**CS GROUP, LLC**



Principal Place of Business

Mailing Address

1202 PARRILLA DE AVILA  
TAMPA FL 33613

1202 PARRILLA DE AVILA  
TAMPA FL 33613

**55654641**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**PENNA10**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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:

*Chris P. Tsokos*  
Signature, typed or printed name of registered agent and title if applicable.

**CHRIS P. TSOKOS**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **CHRIS P. TSOKOS, MANAGER** ☐ Delete  
STREET ADDRESS **1202 PARRILLA DE AVILA**  
CITY-ST-ZIP **Tampa, FL 33613**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Managing Member** ☐ Delete  
STREET ADDRESS **Steven Silverman**  
CITY-ST-ZIP **5907 W. Linebaugh Ave.**  
**TAMPA, FL 33624**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED*

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

**7/6/03**

**(813) 961-1492**

Date

Daytime Phone #

CR2E083 (4/03)