

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002262

FILED
Jul 09, 2008
Secretary of State

Entity Name: CSUTOROS HOLDINGS, LLC

Current Principal Place of Business:

11156 WHISPERING PINES LANE
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

11156 WHISPERING PINES LANE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 26-4435656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAPPELLER, JOHN M JR, ESQ
C/O CAPPELLER & BENNETT
350 CAMINO GARDENS BLVD., SUITE 303
BOCA RATON, FL 33432 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CSUTOROS, STEVE W
Address: 11156 WHISPERING PINES LANE
City-St-Zip: BOCA RATON, FL 33428

Title: P () Delete
Name: CSUTOROS, DEBORA A
Address: 11156 WHISPERING PINES LANE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN W. CSUTOROS

PRES

07/09/2008

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