

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000033478

Entity Name: C.S.P., LLC

**FILED**  
**Jul 31, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2015 MAGNOLIA  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

2015 MAGNOLIA  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 04-3773530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPENCER, JEFFREY A  
2015 MAGNOLIA  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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: JEFFREY A. SPENCER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPENCER, JEFFREY A  
Address: 2015 MAGNOLIA  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

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: JEFFREY A. SPENCER

MGRM

07/31/2009

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