

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 03, 2004 8:00 am Secretary of State

DOCU 1. Entity Nam CNS GRO				Secretary of State 08-03-2004 90105 023 ****50.00							
Principal Plac 3851 TANGI SARASOTA, F	er terrace		Mailing Address PO BOX 142098 CORAL GABLES, FL 33114				~~··∪g				
2. Principal F	face of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07222004	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State				4. FEI Numb	er - 21136.	58	No	oplied For ot Applicable
Zip	Country		Zip Coun		ntry			of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current	Nome		7. Name and	d Address of New	r Registered	Agent			
CHANDLE 1834 MAIN			Name Street Art			dress (P	s (P.O. Box Number is Not Acceptable)				
SARASOT			Gradina (1.0. De			or is the tribuple					
·				City					Zip Code	θ	
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											
	:		1			-					
Filing Fee is \$50.00 Due by September 8, 2004									ake check (Ida Departn	payable to nent of State	9
9.		MANAGING MEMBE	S/MANAGERS . 10.					ADDITION	S/CHANGE		
TITLE NAME	MGRM	ER, TERRY D	Delete TITLE		1				·····	☐ Change	Addition
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TITLE	MGRM		☐ Delete	TITL						Change	☐ Addition
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CITY-ST-ZIP		SABLES, FL 33134	CITY		-ST-ZIP						
TITLE NAME	MGRM	IS, WAYNE			E					☐ Change	☐ Addition
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11. I hereby certify that the information supplied with this filling 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.											
minieu lla	ынку сотпра	ny or merrecenver or mustee	cinglewered to execute this i	report a:	s required by	∵napte	a ouo, monda	oidiules.			

SIGNATURE:

SIGNATURE AND TYPEST OR PREFITED INAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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