

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

07 AUG 31 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

DOCUMENT # L04000067056

1. Entity Name
CSFCM, LLC



Principal Place of Business
PMB #162 (UPS STORE 2281)
1700 N. MONROE STREET
TALLAHASSEE, FL 32303

Mailing Address
4472 WESTOVER DRIVE
TALLAHASSEE, FL 32303 **BK**

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent

STAFFORD, CHRISTOPHER A
4471 WESTOVER DRIVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--|---|
| Filing Fee is \$50.00 Due by September 14, 2007 | Make check payable to: Florida Department of State |
|--|---|


| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STAFFORD, CHRISTOPHER 4472 WESTOVER DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

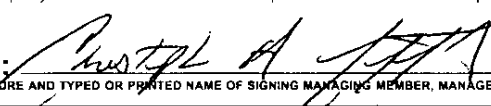
SIGNATURE: *Christopher A. Stafford* **08/24/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | | | | |
|---|---|--|--|---|--|--|--|-----------|
| DOCUMENT # L04000067056 1. Entity Name CSFCM, LLC | | | |  | | FILED 07 AUG 31 PM 2:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business PMB #162 (UPS STORE 2281) 1700 N. MONROE STREET TALLAHASSEE, FL 32303 | | | | Mailing Address 4472 WESTOVER DRIVE TALLAHASSEE, FL 32303 | | | | BK |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | | |
| City & State Zip Country | | | | 4. FEI Number APPLIED FOR | | | | |
| City & State Zip Country | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent STAFFORD, CHRISTOPHER A 4471 WESTOVER DRIVE TALLAHASSEE, FL 32303 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | | BK | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | | |
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SIGNATURE:  08/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #