

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028797

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CS TRANSACTION SERVICES, LLC

**Current Principal Place of Business:**

2822 54TH AVENUE SOUTH  
PMB 205  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

2790 62ND AVE S  
ST. PETERSBURG, FL 33712 US

**Current Mailing Address:**

2822 54TH AVENUE SOUTH  
PMB 205  
ST. PETERSBURG, FL 33712 US

**New Mailing Address:**

2790 62ND AVE S  
ST. PETERSBURG, FL 33712 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

OSTOW, S. MICHAEL  
3637 4TH ST NORTH STE. 200  
ST. PETERSBURG, FL 33704 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STANKE, CLAUDIA R MRS  
Address: 2790 62ND AVE S  
City-St-Zip: ST. PETERSBURG, FL 33712 US

I hereby 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: CLAUDIA STANKE                      MGMR                      04/18/2011

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