

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90113 016 ****50.00

60039585



04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 25-1921951 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

DOCUMENT # L05000073292

1. Entity Name
CSV CONCEPTS II, LLC



Principal Place of Business 8291 RAVENROCK CT
BOYNTON BEACH, FL 33437
Mailing Address 8291 RAVENROCK CT
BOYNTON BEACH, FL 33437

2. Principal Place of Business - No P.O. Box # 8921 RAVEN ROCK COURT
3. Mailing Address 8921 RAVEN ROCK COURT

Suite, Apt. #, etc.

City & State BOYNTON BEACH FL
Zip 33424 Country USA
City & State BOYNTON BEACH FL
Zip 33424 Country USA

6. Name and Address of Current Registered Agent

PAUL E. GHOUGASIAN, P.A.
2300 GLADES ROAD, SUITE 370-W
BOCA RATON, FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VIGIANO, CHRISTOPHER
STREET ADDRESS 8291 RAVENROCK CT
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE SAME
NAME 8921 RAVEN ROCK COURT
STREET ADDRESS BOYNTON BEACH FL 33437
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/07 201-742-7873
Date Daytime Phone #