


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90048 025 \*\*\*138.75

<b>DOCUMENT # L05000073292</b>	
1. Entity Name CSV CONCEPTS II, LLC	

Principal Place of Business 8921 RAVENROCK CT BOYNTON BEACH, FL 33437	Mailing Address 8921 RAVENROCK CT BOYNTON BEACH, FL 33437
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**50010126**



2. Principal Place of Business - No P.O. Box # 861 YAHATO ROAD Suite, Apt. #, etc. BAY 2 & 3	3. Mailing Address 8988 STONE PIER DRIVE Suite, Apt. #, etc.
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05292008 Chg-LLC CR2E083 (12/06)

City & State BOCA RATON, FL	City & State BOYNTON BEACH, FL
Zip 33431	Zip 33472
Country USA	Country USA

4. FEI Number 25-1921951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  PAUL E. GHOUGASIAN, P.A. 2300 GLADES ROAD, SUITE 370-W BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIGIANO, CHRISTOPHER 8921 RAVENROCK CT BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINGIANO, CHRISTOPHER 8988 STONE PIER DRIVE BOYNTON BEACH, FL 33472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Chris Vigniano* **Chris Vigniano** 9/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #