

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000098525

1. Entity Name
CSA-VOR, LLC



Principal Place of Business

**6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709**

Mailing Address

**6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709**



03062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3705143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARL, TODD
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **PRUITT, DR. J. CRAYTON JR**
STREET ADDRESS **6006 49TH ST N., STE 310**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE **V**
NAME **QUITESSENZA, JAMES DR**
STREET ADDRESS **6006 49TH ST. N., STE 310**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE **S**
NAME **BADHWAR, VINAY DR**
STREET ADDRESS **6006 49TH ST N., STE 310**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE **T**
NAME **OFENLUCH, JOHN DR**
STREET ADDRESS **6006 49TH ST. N., STE 310**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000882530
04/05/07-80007-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Todd Q. Carl

3-26-07

727-527-9779

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

Date

Daytime Phone #