

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 037 ****50.00

DOCUMENT # L05000115237

1. Entity Name
CSD, LLC



Principal Place of Business
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US

Mailing Address
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3904324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SANFORD
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MILLER, SANFORD ☐ Delete
STREET ADDRESS
444 SEABREEZE BOULEVARD, SUITE 1002
CITY-ST-ZIP
DAYTONA BEACH, FL 32118

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
STRASSER, CHARLES ☐ Delete
STREET ADDRESS
1030 NORTH U.S. HWY. 1
CITY-ST-ZIP
ORMOND BEACH, FL 32174

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
SELBY, DWIGHT ☐ Delete
STREET ADDRESS
200 E. GRANADA BOULEVARD, SUITE 200
CITY-ST-ZIP
ORMOND BEACH, FL 32176

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE:

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

3/29/06

Date

386-238-7035

Daytime Phone #