

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90025 043 \*\*\*\*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



6 0041908

04032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** \_\_\_\_\_

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

*Sanford Miller*  
SANFORD MILLER

4/24/07

Date

386-238-7035

Daytime Phone #