

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115237

FILED
Mar 24, 2009
Secretary of State

Entity Name: CSD, LLC

Current Principal Place of Business:

444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US

New Mailing Address:

FEI Number: 20-3904324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, SANFORD
Address: 444 SEABREEZE BOULEVARD, SUITE 1002
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGRM () Delete
Name: STRASSER, CHARLES
Address: 1030 NORTH U.S. HWY. 1
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: SELBY, DWIGHT
Address: 200 E. GRANADA BOULEVARD, SUITE 200
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANFORD MILLER

MGRM

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date