

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000037695

1. Entity Name
C.S.I. LLC



Principal Place of Business
5237 HIGH COLONY DRIVE
TALLAHASSEE, FL 32317

Mailing Address
5237 HIGH COLONY DRIVE
TALLAHASSEE, FL 32317

FILED
08 JUL 25 AM 8:15
TALLAHASSEE, FLORIDA



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0586781

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, KEVIN DEE
5237 HIGH COLONY DRIVE
TALLAHASSEE, FL 32317

DK

**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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

900133752839
07/30/08--01022--008 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MURPHY, KEVIN DEE
5237 HIGH COLONY DRIVE
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Kevin D. Murphy

KEVIN D. MURPHY

07/19/08

445-5356

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

Date

Daytime Phone #