

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058145

Entity Name: CDSG REALTY, LLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

8650 S. OCEAN DRIVE
SUITE 1104
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

8650 S. OCEAN DRIVE
SUITE 1104
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 01-0868208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURTHA, KEVIN M
7640 NORTH WICKHAM ROAD
SUITE 121
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

HANS, VIRGINIA H
8650 S, OCEAN DRIVE
#1104
JENSEN BEACH, FL 34957 US

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: VIRGINIA H. HANS

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIROTE, STANLEY
Address: 8650 S. OCEAN DRIVE, SUITE 1104
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: SIROTE, STANLEY
Address: 8650 S. OCEAN DRIVE, SUITE 1104
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGMR () Change (X) Addition
Name: HANS, VIRGINIA H
Address: 8650 S. OCEAN DRIVE # 1104
City-St-Zip: JERNSEN BEACH, FL 34957 US

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: STANLEY SIROTE

MGMR

01/05/2009

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