

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079770

FILED
Feb 12, 2009
Secretary of State

Entity Name: C & S PROPERTY MANAGEMENT GROUP, LLC

Current Principal Place of Business:

21 HOSPITAL DRIVE
SUITE #260
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730657
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, CHARLES I PRES.
29 WINDING CREEK WAY
ORMOND BEACH, FL 32174 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: D () Delete
Name: STEIN, CHARLES I PRES.
Address: 29 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: COLLUCCI, NICKOLAS J VP
Address: 67 SOUTH LAKE DR
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

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: CHARLES I STEIN, MD

PRES

02/12/2009

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