2008 LIMITED LIABILITY COMPANY

PORT ORANGE, FL 32127

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Feb 27, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L07000128204** 1. Entity Name C & S PROPERTY SERVICES LLC 02-27-2008 90075 012 ***138.75 Principal Place of Business Mailing Address 3846 LONG GROVE LN 3846 LONG GROVE LN PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 26-1600834 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 3846 LONG GROVE LN PORT ORANGE, FL 32129 City Zip Code 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 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Delete TITLE Change ■ Addition TITLE STEWART, FREDERICK NAME NAME 3846 LONG GROVE LN STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32129 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MGR Delete TITLE TITLE COX, MICHAEL NAME NAME STREET ADDRESS 605 DEVON ST STREET ADDRESS

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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 received trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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2*-3*308 NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE