

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000058972

Entity Name: CSI EXPERTISE, LLC

FILED  
Oct 02, 2009  
Secretary of State

**Current Principal Place of Business:**

1745 PALM COVE BLVD  
SUITE 305  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7208  
DELRAY BEACH, FL 33482

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARCHIORO, BURT J  
1745 PALM COVE BLVD  
SUITE 305  
DELRAY BEACH, FL 33445 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: MARCHIORO, BURT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARCHIORO, BERTRAND (BURT J  
Address: 1745 PALM COVE BLVD, SUITE 305  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete  
Name: NELSON, FABRICE H  
Address: 1745 PALM COVE BLVD, SUITE 305  
City-St-Zip: DELRAY BEACH, FL 33445

**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: MARCHIORO, BERTRAND (BURT), J

MGR

10/02/2009

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