

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066660

Entity Name: CSI AGENCY, LLC

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

9995 NORTH GATE PARKWAY STE 100
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 NORTH GATE PARKWAY STE 100
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-2951563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

STEVENS, MICHAEL E
9995 NORTH GATE PARKWAY STE 100
JACKSONVILLE, FL 32246 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: CFO () Change (X) Addition
Name: SANSON, RAFAEL
Address: 9995 GATE PARKWAY NORTH SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

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: RAFAEL SANSON

CFO

06/25/2009

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