

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092349

Entity Name: C,S,L & F, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

9981 HEALTHPARK CIRCLE
SUITE 281
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9981 HEALTHPARK CIRCLE
SUITE 281
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 26-3446327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIU, WILLIAM
9981 HEALTHPARK CIRCLE
SUITE 281
FORT MYERS, FL 33908 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: MGR () Delete
Name: LIU, WILLIAM
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: SULTAN, SHAHID
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: CAANGAY, DEOGRACIA
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: FAISAL, MOHAMED
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DL.CAANGAY.MD@LEEMEMORIAL.ORG

PRES

01/08/2009

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