

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092349

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

FILED
Feb 03, 2010
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 (X)

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:

LIU, WILLIAM F
9981 HEALTHPARK CIRCLE
SUITE 281
FORT MYERS, FL 33908 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: WILLIAM F. LIU

02/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LIU, WILLIAM F
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

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

Title: MGR
Name: CAANGAY, DEOGRACIAS L
Address: 9981 HEALTHPARK CIR SUITE 281
City-St-Zip: FORT MYERS, FL 33908

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

I hereby 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: WILLIAM F. LIU

MGR

02/03/2010

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