

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092349

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

FILED  
Jan 09, 2011  
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 F  
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  
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

01/09/2011

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