

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011414

Entity Name: CS OF NORTH FLORIDA LLC

FILED
Feb 01, 2010
Secretary of State

Current Principal Place of Business:

116 19TH AVE NORTH
302
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

4393 TRADEWINDS DRIVE
JACKSONVILLE, FL 32250

Current Mailing Address:

PO BOX 49090
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 26-4169820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAYLOR, DEBORAH
3991 SAINT JOHNS AVENUE
JACKSONVILLE, FL 32205 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: PRES
Name: SHERMAN, MARK P
Address: 4393 TRADEWINDS DR.
City-St-Zip: JACKSONVILLE, FL 32250 US

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: MARK P SHERMAN PRES 02/01/2010

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