

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114299

FILED
Mar 23, 2010
Secretary of State

Entity Name: CS INSURANCE AND MITIGATION INSPECTIONS, LLC

Current Principal Place of Business:

590 E FOREST TRAIL
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

590 E FOREST TRAIL
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 27-1450235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD
STE 1200
W PALM BEACH, FL 33401 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: OWNE
Name: SMITH, CHRISTOPHER S OWNER
Address: 590 E. FOREST TRAIL
City-St-Zip: VERO BEACH, FL 32962 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: CHRISTOPHER S SMITH

OWNE

03/23/2010

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