

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029538

Entity Name: C & S LEASING, L.L.C.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

873 STERTHAUS AVENUE, SUITE 305  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1400 HAND AVENUE  
SUITE H  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

873 STERTHAUS AVENUE, SUITE 305  
ORMOND BEACH, FL 32174

**New Mailing Address:**

P.O. BOX 731138  
ORMOND BEACH, FL 32173 11

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BOULEVARD, SUITE A-210  
VERO BEACH, FL 329607103 US

**Name and Address of New Registered Agent:**

CANNON, ROCHELLE R  
1400 HAND AVENUE  
SUITE H  
ORMOND BEACH, FL 32174 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: ROCHELLE R CANNON

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAMSIN, AHMAD  
Address: 1400 HAND AVENUE SUITE H  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR  
Name: CROSSMAN, ARTHUR  
Address: 305 MEMORIAL MEDICAL PKWY SUITE 305  
City-St-Zip: DAYTONA BEACH, FL 32117

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: AHMAD SHAMSIN

MGRM

04/20/2011

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