

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000524

1. Entity Name

CS & ASSOCIATES, L.L.C.

FILED

00 MAY 30 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5974 LOVE RIDGE DRIVE
TALLAHASSEE FL 32312

Mailing Address

5974 LOVE RIDGE DRIVE
TALLAHASSEE FL 32312-4506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1782818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTUNG, LAWRENCE R
5974 LOVE RIDGE DRIVE
TALLAHASSEE FL 32312

Name

Hartung, Lawrence R

Street Address (P.O. Box Number is Not Acceptable)

5974 Love Ridge Drive

City

Tallahassee

FL

Zip Code

32312

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS ARNSDORFF, STEPHEN C
CITY-ST-ZIP 5974 LOVE RIDGE DRIVE
TALLAHASSEE FL 32312

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Hartung, Lawrence R
STREET ADDRESS 5974 Love Ridge Drive
CITY-ST-ZIP Tallahassee, FL 32312

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)