

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003640 AF

DOCUMENT # L99000000524

1. Entity Name  
CS & ASSOCIATES, L.L.C.

FILED

01 FEB 21 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5974 LOVE RIDGE DRIVE  
TALLAHASSEE FL 32312

Mailing Address  
5974 LOVE RIDGE DRIVE  
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1782818

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

City

FL

Zip Code

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 \_\_\_\_\_ (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 ARNSDORFF, STEPHEN C ☐ Delete  
STREET ADDRESS 5974 LOVE RIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM HARTUNG, LAWRENCE R ☐ Delete  
STREET ADDRESS 5974 LOVE RIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003782644-9  
CITY-ST-ZIP -02/27/01--01080--010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2/16/01 (850) 386-6160 Daytime Phone #

CR2E083 (11/00)