

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90038 038 ****55.00

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DOCUMENT # L99000000524

1. Entity Name

CS & ASSOCIATES, L.L.C.



Principal Place of Business

Mailing Address

~~5974 LOVE RIDGE DRIVE~~
~~TALLAHASSEE FL 32312~~

~~5974 LOVE RIDGE DRIVE~~
~~TALLAHASSEE FL 32312~~

2. Principal Place of Business

3. Mailing Address

3303 THOMASVILLE RD

3303 THOMASVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE, FL

Zip

Country

Zip

Country

32308

LEON

32308

LEON

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)

3303 THOMASVILLE RD

City

TALLAHASSEE

FL

Zip Code

32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/18/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARNSDORFF, STEPHEN C	
STREET ADDRESS	5974 LOVE RIDGE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARTUNG, LAWRENCE R	
STREET ADDRESS	5974 LOVE RIDGE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3303 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3303 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Lawrence R Hartung

7/18/03

(850)356-6160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CF2E083 (4/03)