

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90087 024 ****50.00

DOCUMENT # L99000002529

1. Entity Name

CSSE Florida, L.L.C.

012128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1113 S.E. 47th Terrace

Suite, Apt. #, etc.

#4

City & State

Cape Coral, Florida

Zip

33904

Country

USA

3. Mailing Address

1113 S.E. 47th Terrace

Suite, Apt. #, etc.

#4

City & State

Cape Coral, Florida

Zip

33904

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0928796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ernst Koehler

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

1113 S.E. 47th Terrace

#4

City

Cape Coral

FL

Zip Code

33904

**DO NOT WRITE
IN THIS SPACE**

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.

Ernst Koehler

2/28/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Member
Ernst Koehler
1113 S.E. 47th Terrace, Unit 4
Cape Coral, Florida 33904

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Member
Claus Schoenbrodt
Karlshafenstrasse 51
D-12623 Berlin, Germany

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Claus Schoenbrodt

2/28/02

Date

(941) 540-1000

Daytime Phone #

CR2E083B (12/01)