

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000249

Entity Name: CSAV AGENCY, LLC

FILED  
Jan 23, 2009  
Secretary of State

**Current Principal Place of Business:**

99 WOOD AVENUE SOUTH, 9TH FLOOR  
ISELIN, NJ 08830

**New Principal Place of Business:**

**Current Mailing Address:**

99 WOOD AVENUE SOUTH, 9TH FLOOR  
ISELIN, NJ 08830

**New Mailing Address:**

FEI Number: 52-2202668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KULKA, ANDRES  
Address: 99 WOOD AVENUE SOUTH, 9TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

Title: MGR ( ) Delete  
Name: INFANTE, ALVARO  
Address: 99 WOOD AVENUE SOUTH, 9TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

Title: MGR ( ) Delete  
Name: GONZALEZ, GUILLERMO  
Address: 99 WOOD AVENUE SOUTH, 9TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

Title: MGR ( ) Delete  
Name: ESCOBAR, EMILIO  
Address: 99 WOOD AVENUE SOUTH, 9TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EMILIO ESCOBAR

MGR

01/23/2009

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