

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 004 ***138.75

DOCUMENT # M04000004115

1. Entity Name
CSC TRAYMORE, LLC



Principal Place of Business
**250 S. AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401**

Mailing Address
**250 S. AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401**

60039647



2. Principal Place of Business - No P.O. Box #
1801 S. Australian Ave

3. Mailing Address
1801 S. Australian Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-LLC CR2E083 (12/06)

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number
20-1677467

Applied For
Not Applicable

Zip
33409

Country

Zip
33409

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHLESINGER, ADAM
250 S. AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHLESINGER, JASON
250 S. AUSTRALIAN AVE., SUITE 1003
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1801 S. Australian Ave
West Palm Beach FL 33409** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1801 S. Australian Ave
West Palm Beach FL 33409** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #