

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 20 PM 5:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11122008 REIN-LLC CR2E101 (1/07)

4. FEI Number 88-0390247 Applied For Not Applicable

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

DOCUMENT # M06000006634

1. Entity Name  
CCSF, LLC



Principal Place of Business  
7180 POLLOCK DRIVE, SUITE 100  
LAS VEGAS, NV 89119

Mailing Address  
7180 POLLOCK DRIVE, SUITE 100  
LAS VEGAS, NV 89119

2. Principal Place of Business - No P.O. Box #  
8925 SO. Pecos Road

3. Mailing Address  
8925 SO. Pecos Road

Suite, Apt. #, etc.  
SUITE 10-A

Suite, Apt. #, etc.  
SUITE 10-A

City & State  
Henderson, NV

City & State  
Henderson, NV

Zip  
89074

Country  
USA

Zip  
89074

Country  
USA

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

## 7. Name and Address of New Registered Agent

Name Dave Taylor

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

1475 Tunghill Drive

City Tallahassee

FL

Zip Code 32307

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

*Dave Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

11/12/08

DATE

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SWEENEY, MICHAEL ☐ Delete  
STREET ADDRESS 7180 POLLOCK DRIVE, SUITE 100  
CITY-ST-ZIP LAS VEGAS, NV 89119

TITLE MGR  
NAME DEL SONTRO, RICK ☐ Delete  
STREET ADDRESS 7180 POLLOCK DRIVE, SUITE 100  
CITY-ST-ZIP LAS VEGAS, NV 89119

TITLE MGR  
NAME FEDEL, DAVID ☒ Delete  
STREET ADDRESS 7180 POLLOCK DRIVE, SUITE 100  
CITY-ST-ZIP LAS VEGAS, NV 89119

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Michael J. Sweeney  
STREET ADDRESS 8925 SO. Pecos Rd #10-A  
CITY-ST-ZIP Henderson, NV 89074

TITLE MGR ☒ Change ☐ Addition  
NAME Rick Del Sontro  
STREET ADDRESS 8925 SO. Pecos Rd #10-A  
CITY-ST-ZIP Henderson, NV 89074

TITLE MGR ☐ Change ☒ Addition  
NAME Patrick McNaught  
STREET ADDRESS 8925 SO. Pecos Rd #10-A  
CITY-ST-ZIP Henderson, NV 89074

TITLE ☐ Change ☐ Addition  
NAME 100138009731  
STREET ADDRESS 11/17/08--01057--001  
CITY-ST-ZIP \*\*\$138.75

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

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT  
STREET ADDRESS 08 AL  
CITY-ST-ZIP

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

11/12/08 (102) 732-8777

Date

Daytime Phone #