

Ma 000012071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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2024 SEP 13 PM 3:18

SEP 19 2024
T. LEMUEX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSL.F LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CRAIG S LITT

Name of Person

CSLF LLC

Firm/Company

70 POST DRIVE

Address

ROSLYN, NY 11576

City/State and Zip Code

CRAIG@PICOMFGSALES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG SLITT at (917) 375-0773

Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Marty D. Litt
25 Dogwood Avenue
Roslyn, NY 11576
516-625-3530

AFFIDAVIT OF NAME RELEASE

September 10, 2024

Re: CSLF LLC L24000348622

Dear Sir or Madam:

I am the Manager of a Delaware-based limited liability corporation named CSLF LLC.

CSLF LLC was mistakenly registered as a Florida domestic corporation on August 8, 2024. The intent was to register as a foreign (Delaware) entity to be authorized to transact business in Florida.

To that end, the newly formed Florida corporation was dissolved on September 3, 2024 per Authentication ID: 600435899066-090524-L24000348622.

We hereby release the CSLF LLC corporate name so that it can be used by our Delaware foreign corporation per the enclosed Form CR2E027.

Sincerely,

A handwritten signature in black ink, appearing to be 'M' followed by a stylized flourish.

Marty D. Litt

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CSLF LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(SEE AFFIDAVIT OF NAME RELEASE LETTER ATTACHED TO THIS APPLICATION)

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 4381440
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/1/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 70 POST DRIVE 6. 70 POST DRIVE
(Street Address of Principal Office) (Mailing Address)
ROSLYN, NY 11576 ROSLYN, NY 11576

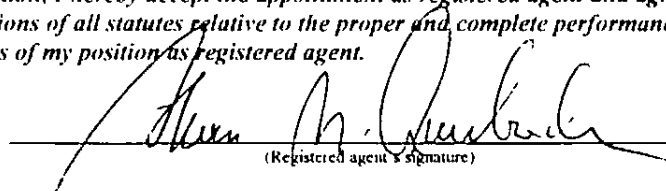
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEVEN M AUERBACHER, ESQ.
Office Address: 301 E. YAMATO ROAD SUITE 4120
BOCA RATON, Florida 33431
(City) (Zip code)

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: MARTY D LITT

☐ Member Address: 25 DOGWOOD AVE

☒ Authorized ROSLYN, NY 11576

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: CRAIG S LITT

☒ Member Address: 70 POST DRIVE

☐ Authorized ROSLYN, NY 11576

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

MARTY D LITT

Typed or printed name of signee

State of Florida

Department of State

I certify from the records of this office that CSLF LLC was a limited liability company organized under the laws of the State of Florida, filed on August 8, 2024, effective August 8, 2024.

The document number of this limited liability company is L24000348622.

I further certify that said limited liability company was voluntarily dissolved on September 3, 2024, effective September 3, 2024.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the Fifth
day of September, 2024*



A handwritten signature in black ink, appearing to be 'L. B. J.', written over a horizontal line.

Secretary of State

Authentication ID: 600435899066-090524-L24000348622

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSLF LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CSLF LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2020.



4381440 8300

SR# 20242771136

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204029212

Date: 07-28-24

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8916293
RON DEVEREAUX
9 GILCHREST ROAD
GREAT NECK, NY 11021

07-28-2024

DESCRIPTION	AMOUNT
4381440 - CSLF LLC Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00