

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058141

**Entity Name:** CS PERSONAL TOUCH, LLC

**Current Principal Place of Business:**

13506 SUMMERPORT PARKWAY  
SUITE 270  
WINDERMERE, FL 34786

**Current Mailing Address:**

13506 SUMMERPORT PARKWAY  
SUITE 270  
WINDERMERE, FL 34786

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SMITH, APARECIDA  
13506 SUMMERPORT PARKWAY  
SUITE 270  
WINDERMERE, FL 34786 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name SMITH, CIDA  
Address 13506 SUMMERPORT PARKWAY  
SUITE 270  
City-State-Zip: WINDERMERE FL 34786

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** APARECIDA SMITH

**PRESIDENT**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date