

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000139746

**Entity Name:** CORPORATE SERVICE PROVIDER, LLC

**Current Principal Place of Business:**

4327 SOUTH HWY 27, #129  
CLERMONT, FL 34711

**Current Mailing Address:**

4327 SOUTH HWY 27, #129  
CLERMONT, FL 34711 UN

**FEI Number:** 47-1768572

**Certificate of Status Desired:** No

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

SAAVEDRA, JUSTIN T  
4327 SOUTH HWY 27, #129  
CLERMONT, FL 34711 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 MGR  
Name SAAVEDRA, JUSTIN  
Address 4327 SOUTH HWY 27, #129  
City-State-Zip: CLERMONT FL 34711

*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:** JUSTIN SAAVEDRA

MGR

04/10/2015

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

\_\_\_\_\_ Date