

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000039039

Entity Name: CSI: SARASOTA, LLC

Current Principal Place of Business:

WALLACE AVE
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 32155
SARASOTA, FL 34239

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPRINGER, CAROL
WALLACE AVE
SARASOTA, FL 34236 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 SPRINGER, CAROL
Address WALLACE AVE
City-State-Zip: SARASOTA FL 34236

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: CAROL SPRINGER

MITIGATION SPECIALIST 02/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date