

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000234

**Entity Name:** CS VENTURES, LLC

**Current Principal Place of Business:**

455 SOUTH LEGACY TRAIL  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

455 SOUTH LEGACY TRAIL  
ST. AUGUSTINE, FL 32092

**FEI Number:** 06-1501645

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 HASKELL, MACDONALD T  
Address 24636 HARBOUR VIEW DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR  
Name MURRAY, ANDREW T  
Address 455 S LEGACY TRAIL  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** MACDONALD HASKELL

**MANAGER**

**01/10/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date