

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019516

FILED
Feb 16, 2009
Secretary of State

Entity Name: CBL, LLC

Current Principal Place of Business:

C/O DAVID CATES
1006 S.E. KITCHING COVE LANE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

C/O DAVID CATES
1006 S.E. KITCHING COVE LANE
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-0862915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAN, DAVID
313 65TH TRAIL NORTH
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CATES, DAVID
Address: 1006 SE KITCHING COVE LANE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR () Delete
Name: LOGAN, DAVID
Address: 313 65TH TRAIL NORTH
City-St-Zip: WEST PALM BEACH, FL 33413 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID LOGAN

MGR

02/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date