

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032545

FILED
Apr 02, 2009
Secretary of State

Entity Name: CUFFE, LLC

Current Principal Place of Business:

5510 HESPERIDES ST
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

5510 HESPERIDES ST
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-2609450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C
11603 LIPSEY ROAD
TAMPA, FL 33618 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: PRES () Delete
Name: CUFFE, CRAIG
Address: 5510 HESPERIDES ST
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: DUBOIS, JOHN
Address: 5510 HESPERIDES ST
City-St-Zip: TAMPA, FL 33614

Title: SEC () Delete
Name: ALEXANDER, MICHAEL W
Address: 5510 HESPERIDES ST
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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

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: CRAIG CUFFE

PRES

04/02/2009

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