

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000076192

**Entity Name:** CEI FLORIDA, LLC

**Current Principal Place of Business:**

907 S HIGHWAY 17-92  
DEBARY, FL 32753

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC5269123207**

**Current Mailing Address:**

PO BOX 200  
HOWELL, MI 48843

**FEI Number: 20-3259378**

**Certificate of Status Desired: No**

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

WRIGHT, D FRANK ESQ  
505 MAITLAND AVE  
STE 1000  
ALTAMONTE SPRINGS, FL 32701 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 COOK, JOHN C  
Address 2140 INDUSTRIAL STREET, PO BOX  
200  
City-State-Zip: HOWELL MI 48843

Title MGR  
Name COOK, GEORGE J  
Address 2140 INDUSTRIAL STREET, PO BOX  
200  
City-State-Zip: HOWELL MI 48843

Title MGR  
Name LINDSEY, KRISTINE C  
Address 2140 INDUSTRIAL STREET, PO BOX  
200  
City-State-Zip: HOWELL MI 48843

*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: KRISTINE C. LINDSEY**

**MGR**

**04/17/2014**

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

\_\_\_\_\_  
Date