

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000096236

**Entity Name:** CL FINANCES LLC

**Current Principal Place of Business:**

160 W CAMINO REAL  
287  
BOCA RATON, FL 33432

**Current Mailing Address:**

160 W CAMINO REAL  
287  
BOCA RATON, FL 33432 US

**FEI Number:** 45-3079505

**Certificate of Status Desired:** Yes

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

MOYAL, PATRICK  
10796 PINES BLVD  
204  
PEMBROKE PINES, FL 33026 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 MGRM  
Name LEGRAND, CHRISTOPHE  
Address 667 MONTEE DES BALMES  
City-State-Zip: REYRIUX FR 01600

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHE LEGRAND

MGRM

02/06/2013

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

\_\_\_\_\_  
Date