## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000137388

Entity Name: CFO, LLC

**Current Principal Place of Business:** 

191 ISLAND ESTATES PARKWAY PALM COAST. FL 32137

**Current Mailing Address:** 

191 ISLAND ESTATES PARKWAY PALM COAST, FL 32137

FEI Number: 46-1288340 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, JANET E. ESQ. SHUFFIELD, LOWMAN, & WILSON, P.A. 203 EAST RICH AVENUE DELAND, FL 32724 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: JANET E. MARTINEZ 04/25/2014

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameOARE, ROBERT L IIINameSHANKS, ELIZABETH OAddress13621 NORTHWEST 112TH AVENUEAddress9006 DAYFLOWER STREET

City-State-Zip: ALACHUA FL 32615 City-State-Zip: PROSPECT KY 40059

Title MANAGER

Name BROCKENBROUGH, AUSTIN IV
Address LOWE, BROCKENBROUGH &

**COMPANY** 

1802 BAYBERRY COURT SUITE 400

City-State-Zip: RICHMOND VA 23226-3767

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ELIZABETH OARE SHANKS

**MANAGER** 

04/25/2014

Date

FILED Apr 25, 2014

**Secretary of State** 

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