

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90051 038 ****50.00

DOCUMENT # L00000006834

1. Entity Name
CNG, LLC



Principal Place of Business
25 E. 17TH STREET
SAINT CLOUD, FL 34769

Mailing Address
25 E. 17TH STREET
SAINT CLOUD, FL 34769



2. Principal Place of Business
1136 New York Ave
Suite, Apt. #, etc.

3. Mailing Address
1136 New York Ave.
Suite, Apt. #, etc.

04262006 Chg-LLC CR2E083 (11/05)

City & State
St. Cloud, FL

City & State
St. Cloud, FL

4. FEI Number
02-0679082

Applied For
Not Applicable

Zip Country
34769

Zip Country
34769

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSS, CHARLES N III
25 E. 17TH STREET
SAINT CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1136 New York Ave.

City ST. CLOUD

FL Zip Code 34769

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GROSS, C. N JR.
STREET ADDRESS 20 NORTH EOLA DRIVE
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE MGRM
NAME GROSS, C. N JR.
STREET ADDRESS 25 E. 17TH STREET
CITY-ST-ZIP SAINT CLOUD, FL 34769 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1136 New York Ave.
CITY-ST-ZIP ST. CLOUD, FL 34769 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-06 407.957-4444