

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006834

1. Entity Name

CNG, LLC



FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90010 004 ****50.00

Principal Place of Business

20 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address

20 NORTH EOLA DRIVE
ORLANDO FL 32801

2. Principal Place of Business

25 E 17th STREET
Suite, Apt. #, etc.

3. Mailing Address

25 E. 17th STREET
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

ST. CLOUD, FLORIDA

Zip

34769

Country

USA

City & State

ST. CLOUD, FLORIDA

Zip

34769

Country

USA

4. FEI Number

~~50-9584963~~

02-0679082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDING, ROBERT L ESQ.
20 NORTH EOLA DRIVE
ORLANDO FL 32801

Name

CHARLES N. GROSS III
Street Address (P.O. Box Number is Not Acceptable)
25 E. 17TH STREET

ST. CLOUD, FL 34769

City

FL

Zip Code

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.

C.N. Gross III - Member

(NOTE: Registered Agent signature required when reinstating)

3/26/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MEMBER
NAME GROSS, C.N.III
STREET ADDRESS 25 E. 17TH STREET
CITY-ST-ZIP ST. CLOUD, FL 34769 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

3/26/03

Date

(407)957-4444

Daytime Phone #

CR2E083 (10/02)