

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009226

FILED
Jan 14, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA MARKETING GROUP, LLC

Current Principal Place of Business:

3596 ROCHELLE LANE
APOPKA, FL 32712 US

New Principal Place of Business:

2311 KINGSCREST CIRCLE
APOPKA, FL 32712 US

Current Mailing Address:

3596 ROCHELLE LANE
APOPKA, FL 32712 US

New Mailing Address:

1631 ROCK SPRINGS ROAD
SUITE 134
APOPKA, FL 32712

FEI Number: 59-3661492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINISH, CHARLES
3596 ROCHELLE LANE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

MINISH, CHARLES
1631 ROCK SPRINGS ROAD
SUITE 134
APOPKA, FL 32712 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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MINISH, CHARLES E
Address: 3596 ROCHELLE LANE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: MINISH, KAREN A
Address: 3596 ROCHELLE LANE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MINISH, CHARLES E
Address: 2311 KINGSCREST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Change () Addition
Name: MINISH, KAREN A
Address: 2311 KINGSCREST CIRCLE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KAREN MINISH

MGRM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date