

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 035 ***138.75

DOCUMENT # L00000015116

1. Entity Name
CAG NUCLEAR, L.L.C.



Principal Place of Business
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

Mailing Address
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605**

00000000



02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3698953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SILVERSTEIN, BURTON V
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DILLON, MICHAEL C
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROARK, STEVEN F
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
O'MEARA, JAMES J
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GROS, BERNARD J
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMOCK, ANDREW L
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WERBEL, BRIAN
4645 NW 8th AVENUE
GAINESVILLE, FL 32605** ☐ Change ☒ Addition

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

TITLE
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CITY-ST-ZIP
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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: X

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

Burton V. Silverstein, MD

Date

Daytime Phone #

2/11/08 352 375 1212