

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001415

FILED
Apr 24, 2008
Secretary of State

Entity Name: CDS RETAIL, LLC

Current Principal Place of Business:

95 NE 4TH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

3299 NW 2ND AVE
BOCA RATON, FL 33431

Current Mailing Address:

95 NE 4TH AVE
DELRAY BEACH, FL 33483

New Mailing Address:

3299 NW 2ND AVE
BOCA RATON, FL 33431

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CDS INTERNATIONAL HOLDINGS, INC
95 NE 4TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

CDS INTERNATIONAL HOLDINGS, INC
3299 NW 2ND AVE
BOCA RATON, FL 33431 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: KAREN VERMILYEA

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILMOE, WILLIAM H TREAS
Address: 95 NE 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR () Delete
Name: VERMILYEA, KAREN SEC
Address: 95 NE 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILMOE, WILLIAM H TREAS
Address: 3299 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR (X) Change () Addition
Name: VERMILYEA, KAREN SEC
Address: 3299 NW 2ND AVE
City-St-Zip: BOCA RATON, FL 33431

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: WILLIAM H MILMOE

MGR

04/24/2008

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