LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
06-25-2002 90441 030 ****55.00

DOCUMENT # L01000012764

1. Entity Name
CEC, L.L.C.

DO NOT WRITE IN THIS SPACE

969571

2. Principal Place of Business	3. Mailing Address
2955 Temple trail	2955 temple trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32789 Country: US	Zip: 32789 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3735664 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK EVANS

Street Address (P.O. Box Number is Not Acceptable):
2955 Temple trail

City: Winter Park FL Zip Code: 32789

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.

SIGNATURE: _____ Mark Evans 4/21/02
Signature, typed or printed name of Registered Agent and title if applicable. DATE

9. MANAGING MEMBERS / MANAGERS

TITLE	~~MAGR~~ MGRM
NAME	MARK EVANS
STREET ADDRESS	2955 Temple trail
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	~~MAGR~~ MGRM
NAME	Curtiss Cogan
STREET ADDRESS	1140 S. ORLANDO AVE, #11
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	~~MAGR~~ MGRM
NAME	Kendall Cogan
STREET ADDRESS	505 oak LN
CITY-ST-ZIP	MAITLAND, FL 32751
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CR2E083B (12/01)

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.

_____ Mark Evans 4/21/02 407-252-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #