

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90092 015 *****50.00

0055428

DOCUMENT # L01000020669

1. Entity Name

THE CDM TRUST, LLC



Principal Place of Business

**4380 OAKES ROAD, SUITE 800
DAVIE FL 33314**

Mailing Address

**4380 OAKES ROAD, SUITE 800
DAVIE FL 33314**

2. Principal Place of Business

4100 SW 28 Way

3. Mailing Address

1314 E Las Olas Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

167

☒ CHECK HERE IF MAKING CHANGES



City & State
Hollywood, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number **80-0023109**

Applied For
Not Applicable

Zip
33312

Country

Zip
33301

Country

U.S.

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

6. Name and Address of Current Registered Agent

**BEHREN, SCOTT M
2200 NORTH COMMERCE PARKWAY
SUITE 202
WESTON FL 33328**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FIERRO, ANN C**
STREET ADDRESS **9 NAVARRO ISLE**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Fierro, Ann C**
STREET ADDRESS **4100 SW 28 Way**
CITY-ST-ZIP **Hollywood, Florida 33312**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Ann C Fierro*

954-564-4321

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

Date

Daytime Phone #

CR2E083 (10/02)