2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# L02000000476

Entity Name: CMG MANAGEMENT GROUP, LLC

Current Principal Place of Business:

627 YUPON STREET
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

627 YUPON STREET
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 22-3863645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHELBRINK, DANIEL T.
627 YUPON ST
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

MICHELBRINK, DANIEL T
627 YUPON ST
NEW SMYRNA BEACH, FL 32169 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: DANIEL T MICHELBRINK 02/13/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MICHELBRINK, DANIEL T
Address: 627 YUPON
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM
Name: MICHELBRINK, DANIEL T
Address: 627 YUPON AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM
Name: MICHELBRINK, DANIEL T
Address: 627 YUPON AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM
Name: MICHELBRINK, DANIEL T
Address: 627 YUPON AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM
Name: MICHELBRINK, DANIEL T
Address: 627 YUPON AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM
Name: MICHELBRINK, DANIEL T
Address: 627 YUPON AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 Statues.

SIGNATURE: DANIEL T MICHELBRINK MGRM 02/13/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date