

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90047 044 ****50.00

DOCUMENT # L02000017562

1. Entity Name
C.D. G. COMPANY, LLC



Principal Place of Business

**11290-5 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE, FL 32246**

Mailing Address

**11290-5 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE, FL 32246**

24081306



07242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0474021

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE STE. 200
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PITTS, JACK
205 ISLAMORADA CT
SAINT AUGUSTINE, FL 32095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHITMON, JUSTEN
13781 SEA MIST DR
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Justen Chitmon 7/27/04 904 646-1973