

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90067 004 ***150.00

DOCUMENT # L02000017562

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



Principal Place of Business

3653 REGENT BOULEVARD
SUITE 106
JACKSONVILLE, FL 32224 US

Mailing Address

3653 REGENT BOULEVARD
SUITE 106
JACKSONVILLE, FL 32224 US

DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC

CR2E083 (11/05)

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PITTS, JACK
STREET ADDRESS	205 ISLAMORADA CT
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32095
TITLE	MGRM
NAME	CHITMON, JUSTEN
STREET ADDRESS	13781 SEA MIST DR 1365 5 th Street North
CITY - ST - ZIP	JACKSONVILLE, FL 32224 Jacksonville Beach, FL 32250
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 exemptions contained in Chapter 119, 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 #

4/13/06

904-646-7973