

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90124 031 ***138.75

DOCUMENT # L03000014477

1. Entity Name
CLG, LLC



Principal Place of Business
**1101 N. WESTSHORE BLVD.
SUITE 207
TAMPA, FL 33607**

Mailing Address
**1111 N WESTSHORE BLVD
SUITE 207
TAMPA, FL 33607**

60021070

2. Principal Place of Business - No P.O. Box #
4511 N. Himes Ave.

3. Mailing Address
4511 N. Himes Ave.

Suite, Apt. #, etc
Suite 200

Suite, Apt. #, etc
Suite 200

04032008 Chg-LLC CR2E083 (12/06)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
27-0055868

Applied For
Not Applicable

Zip
33614

Country
USA

Zip
33614

Country
USA

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

6. Name and Address of Current Registered Agent

**SCHIFINO, WILLIAM J JR, ESQ
201 N. FRANKLIN STREET
ONE TAMPA CITY CENTER, SUITE 2600
TAMPA, FL 33602**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GIUNTA, EDWARD F**
STREET ADDRESS **1606 CULBREATH ISLES DR**
CITY-ST-ZIP **TAMPA, FL 33624**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/07/08

(813) 449-4254

Date

Daytime Phone #