2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # L03000037046 1. Entity Name CMI RESOURCES, LLC					04-23-2008	90126 015 ***1	38.75	
Principal Place	e of Business	Mailing Address			و في ا	part or the total		
Principal Place of Business 1616 SOUTH 14TH ST. LEESBURG, FL 34748		1616 SOUTH 14TH ST. LEESBURG, FL 34748						
				1 (88)(8)2 21		II GBIBD IIIII IBRII GBIII BIBIB I		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008 Chg-LLC CR2E083 (12/06)				
City & State		City & State		4. FEI Numb 20-025			applied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 Ac Fee Requir		
	6. Name end Address of Curren	t Registered Agent		7Name and	Address of New R	egistered Agent		
JONES, G	ADV		Name					
1616 SOU	TH 14TH ST. G, FL 34748	Street Address (ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
			City			FL Zip Co	de	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registered office or regis	stered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature requ	rired 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			
		5					te	
			10.			Department of Sta	te	
After May	y 1, 2008 Fee will be \$538.7		10. TITLE		Florida	Department of Sta	te Addition	
9. HILE NAME	MANAGING MEMB MGR BROWNE, GREGG F	ERS/MANAGERS	TITLE NAME		Florida	CHANGES		
9. IIILE NAME STREET ADDRESS	MANAGING MEMB MGR BROWNE, GREGG F 1616 S 14TH ST	ERS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	CHANGES		
9. JITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR BROWNE, GREGG F 1616 S 14TH ST LEESBURG, FL 34748	ERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	CHANGES Change	☐ Addition	
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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:

FOR SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED DES

4/15/08

352 365 6522

Dayter