

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055496

Entity Name: C. F. CONSTRUCTION, LLC.

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

5515 118TH STREET
LOT #45
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5515 118TH STREET
LOT #45
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-0508246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, CIRO
5515 118TH STREET
LOT #45
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FLORES-BENITEZ, CIRO
Address: 5515 118TH STREET LOT #45
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM () Delete
Name: FLORES, JOSE J
Address: 5515 118TH STREET LOT #45
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM () Delete
Name: FLORES BENITES, ENRRIQUE
Address: 5515 118TH STREET, LOT 45
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: CIRO FLORES

MGRM

04/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date