

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055496

Entity Name: C. F. CONSTRUCTION, LLC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

3817 MORTON ST  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

3817 MORTON ST  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

FEI Number: 20-0508246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLORES, CIRO  
3817 MORTON ST  
JACKSONVILLE, FL 32217 US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORES-BENITEZ, CIRO  
Address: 3817 MORTON ST  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM ( ) Delete  
Name: FLORES BENITES, ENRRIQUE  
Address: 3817 MORTON ST  
City-St-Zip: JACKSONVILLE, FL 32217 US

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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

05/01/2009

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