

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000003844

1. Entity Name
CF HOLDINGS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:26

Principal Place of Business Mailing Address
~~7380 SAND LAKE RD~~ ~~7380 SAND LAKE RD~~
500 7658 MUNICIPAL DR. **500 7658 MUNICIPAL DR.**
ORLANDO, FL ~~32835~~ US ORLANDO, FL ~~32835~~ US
32819 **32819**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

04142006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIANNETTO, CHARLES
8815 CONROY WINDERMERE RD
104
ORLANDO, FL 32835

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 \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES	
STREET ADDRESS	7380 SAND LAKE RD 7658 MUNICIPAL DR.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GIANNETTO, CHARLES	
STREET ADDRESS	7380 SAND LAKE RD 7658 MUNICIPAL DR.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALISBURY, ELLEN	
STREET ADDRESS	4367 OLYMPIA PARK CIRCLE 7658 MUNICIPAL DR.	
CITY-ST-ZIP	OCOE, FL 34761 ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400074666224
CITY-ST-ZIP	05/16/06--01033--001 ***100.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	REINSTATEMENT
CITY-ST-ZIP	05-06
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

April 14, 2006

407 370-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #