

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012119

Entity Name: CNA HOLDINGS LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6953 S.W. LASSO LANE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

6953 S.W. LASSO LANE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 41-2130376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, CRAIG F  
4901 SW WILD TURKEY LANE  
OKEECHOBEE, FL 34974 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/MANAGERS:**

Title: MGRM  
Name: BROWN, CRAIG F  
Address: 4901 SW WILD TURKEY LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM  
Name: BROWN, NOEL F  
Address: 6953 SW LASSOO LANE  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM  
Name: BERGSTROM, ALLAN  
Address: 14642 80TH LANE N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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: ALLAN BERGSTROM

MGRM

04/24/2012

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