2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2005 8:00 am
Secretary of State
04-19-2005 90008 015 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000028357

1. Entity Name
CM ORDONEZ, LLC.

Principal Place of Business	Mailing Address
P.O. BOX 452905 KISSIMMEE FL 34745-2905 US	P.O. BOX 452905 KISSIMMEE FL 34745-2905 US

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

4. FEI Number 20-0997075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORDONEZ, CHRISTIAN
435 FLORIDA AVE
ST CLOUD FL 34769

7. Name and Address of New Registered Agent

Name: Ordonez, Cristian
Street Address (P.O. Box Number is Not Acceptable): 417 Latonia Ave
City: Kissimmee FL Zip Code 34747

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 Cristian M. Ordonez
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☑ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	ORDONEZ, CHRISTIAN		NAME	Ordonez, Cristian	
STREET ADDRESS	435 FLORIDA AVE		STREET ADDRESS	417 Latonia Ave	
CITY-ST-ZIP	ST CLOUD FL 34769		CITY-ST-ZIP	Kissimmee FL 34747	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Cristian M Ordonez 407 791 1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #