

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072072

Entity Name: CFN ENTERPRISE, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

520 WALKER ROAD  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

520 WALKER ROAD  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 20-1833276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOURJON-NINO, CARINE MGRM  
520 WALKER RD  
SAFETY HARBOR, FL 34695 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: MGR  
Name: NINO, FREDERICK A  
Address: 520 WALKER ROAD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM  
Name: GOURJON-NINO, CARINE  
Address: 520 WALKER ROAD  
City-St-Zip: SAFETY HARBOR, FL 34695

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: CARINE GOURJON-NINO

MGRM

04/27/2011

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