

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079985

FILED  
May 20, 2009  
Secretary of State

Entity Name: C. G. GROUP L.L.C.

**Current Principal Place of Business:**

15476 N.W. 77TH COURT, #187  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

15476 N.W. 77TH COURT, #187  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 20-2088912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

GONZALEZ, SOFIA  
15476 N.W. 77TH COURT, #187  
MIAMI LAKES, FL 33016 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: GONZALEZ, SOFIA  
Address: 15476 N.W. 77TH COURT, #187  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM ( ) Delete  
Name: CARRERO, EDGAR  
Address: 15476 N.W. 77TH COURT, #187  
City-St-Zip: MIAMI LAKES, FL 33016

**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: SOFIA GONZALEZ

MGRM

05/20/2009

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