

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000005717

1. Entity Name
CF SERVICES, LLC



Principal Place of Business
468 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

Mailing Address
468 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3795110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDEN, CALVIN
468 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME EDEN, CALVIN D
STREET ADDRESS 468 RIDGEWOOD AVENUE, APT 5
CITY-ST-ZIP HOLLY HILL, FL 321174422

TITLE VP
NAME EDEN, JAMES C
STREET ADDRESS 50 AUDUBON LANE
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Calvin D. Eden

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

Date

Daytime Phone #

CALVIN D. EDEN

H-27-07 386-255-0917