

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000009845

1. Entity Name
CDEFS, LLC



Principal Place of Business

6 KINGSTON COURT
STUART, FL 34996

Mailing Address

6 KINGSTON COURT
STUART, FL 34996



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1661830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIDIKIS, FRANK
6 KINGSTON COURT
STUART, FL 34996

**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 | MGRM |
| NAME | EMBY, CHARLES |
| STREET ADDRESS | 7303 BALLANTRAE COURT |
| CITY-ST-ZIP | BOCA RATON, FL 33496 |
| TITLE | MGRM |
| NAME | DRYKERMAN, DAN |
| STREET ADDRESS | 20290 FAIRWAY OAKS DRIVE, #253 |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | MGRM |
| NAME | GOLDMAN, ED M.D. |
| STREET ADDRESS | 7000 WEST CYPRESSHEAD DRIVE |
| CITY-ST-ZIP | PARKLAND, FL 33067 |
| TITLE | MGRM |
| NAME | TIDIKIS, FRANK |
| STREET ADDRESS | 6 KINGSTON COURT |
| CITY-ST-ZIP | STUART, FL 34996 |
| TITLE | MGRM |
| NAME | GELLER, STEVE |
| STREET ADDRESS | 17212 WHITE HAVEN DRIVE |
| CITY-ST-ZIP | BOCA RATON, FL 33496 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000662919

03/21/07-80032-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Frank Tidikis

FRANK TIDIKIS

2 Mar 07

561-310-7597

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

Date

Daytime Phone #