

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90114 022 ***143.75

60023555



DOCUMENT # L05000022732 1. Entity Name CEM, LLC																													
Principal Place of Business 306 HOULE AVE SARASOTA, FL 34232			Mailing Address P.O. BOX 51825 SARASOTA, FL 34232																										
2. Principal Place of Business - No P.O. Box # 6831 Whitfield Ind. Ave		3. Mailing Address Suite, Apt. #, etc. E																											
City & State Sarasota, FL		City & State Sarasota, FL																											
Zip 34243		Country USA		4. FEI Number 20-2468185																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent MCLEOD, CHARLES E JR 6152 279TH STREET E MYAKKA CITY, FL 34251			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCLEOD, CHARLES E JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 51825</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34232</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	MCLEOD, CHARLES E JR.		STREET ADDRESS	P.O. BOX 51825		CITY-ST-ZIP	SARASOTA, FL 34232		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			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.																													
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: </div> <div> 4-10-08 </div> <div> 941755 3838 </div> </div>																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													