

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045229

FILED
Jul 11, 2008
Secretary of State

Entity Name: CFL HOLDINGS, LLC

Current Principal Place of Business:

1850 LEE ROAD
SUITE 104
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1850 LEE ROAD
SUITE 104
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-2796037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MARTINEZ, MIGDALIA I
1850 LEE ROAD
SUITE 104
WINTER PARK, FL 32789 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: SAUNDERS, CHARLES P
Address: 102 WILLOW TREE LANE
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: MARTINEZ, LUIS R
Address: 14711 BALTUSROL DR
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: GLASS, GENE E
Address: 784 LAKELAND RD
City-St-Zip: GROSSE PTE., MI 48230

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS R MARTINEZ

MGRM

07/11/2008

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