## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000052456

1. Entity Name
CLS HOLDINGS, LLC



Principal Place of Business

7737 HOLIDAY DRIVE SARASOTA, FL 34231 Mailing Address

7737 HOLIDAY DRIVE SARASOTA, FL 34231 FILED
Mar 05, 2008 08:00 A
Secretary of State



02212008 No Chg-LLC

CR2E083 (12/07)

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|--|---|---|--|---|---|
|  |   | <b>U</b> E                                  | 4. FEI Number<br>20-4010414  |   | Applied For Not Applicable                    |
|  |   |   | 5. Certificate of Status Desired   |   | \$5.00 Additional<br>Fee Required             |
|  | 6. Name and Address of Current Registered Agent   |   |  | CONTRACTOR OF THE PARTY OF THE |   |
| BULL, LISA M<br>7737 HOLIDAY DRIVE<br>SARASOTA, FL 34231 |   |   | DO NOT W<br>IN THIS SP   | 200   |   |
| 8. The above   | e named entity submits this statement for the purpose of changing its regist                | ered office or register                     | red agent, or both, in the State of Flo  | rida. I am  | familiar with, and accept                     |
| the obligat  | tions of registered agent.  | · ·   |  |   | , ,   |
| SIGNATURE.   |   |   |  |   |   |
|  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist | ered Agent signature required               | d when reinstating)  | DATE  |   |
| FILE<br>After May  | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS          | 8 C. S. | 1865), ngjaroo saaraninga oo ay  | (05250-030/-1   | overtan alikus operati alikulokoone sakita et |
| ritle  | MR  |   |  |   |   |
| NAME   | BULL, CHRISTOPHER R VP  |   |  |   |   |
| TREET ADDRESS  | 7737 HOLIDAY DRIVE  |   | 3) <sup>1</sup> 5-1-314  | 48256   |   |
| TY-ST-ZIP  | SARASOTA, FL 34231  |   | 79 49 4703/20/08-8   | UU1U=   | UU5%I 38: ((5.%%)                             |
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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: / M Jull

TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

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

122908 1941-9

Daytime Phone i

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