## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000080209**

1. Entity Name CVG INVESTMENTS LLC



Principal Place of Business

Mailing Address

10291 LEXINGTON LAKES BLVD. SOUTH BOYNTON BEACH, FL 33436

10291 LEXINGTON LAKES BLVD. SOUTH **BOYNTON BEACH, FL 33436** 

**FILED** Jan 28, 2008 08:00 AM **Secretary of State** 



01092008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-3310792 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KERN, KEITH DESQ **50 SE FOURTH AVENUE** DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	ı	U00000799747 01/30/08-80080-013 138.75
9. MANAGING MEMBERS/MANAGERS		

#### TITLE MGR GENZANO, CHRISTINE V MAME STREET ADDRESS 10291 LEXINGTON LAKES BLVD. SOUTH CITY-ST-ZIP BOYNTON BEACH, FL 33436 MGR MLE GENZANO, WILLIAM NAME STREET ADDRESS 10291 LEXINGTON LAKE BLVD. SOUTH CITY-ST-ZIP BOYNTON BEACH, FL 33436 MIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

# 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAI

AUTHORIZED REPRESENTATIVE