

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90036 021 ***138.75

DOCUMENT # L05000091602

1. Entity Name
CDL, LLC



Principal Place of Business

12058 SAN JOSE BLVD
STE 804
JACKSONVILLE, FL 32223 US

Mailing Address

12058 SAN JOSE BLVD
STE 804
JACKSONVILLE, FL 32223 US

60039080



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3759437

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALBERT, WILLIAM D
1930 SAN MARCO BOULEVARD
SUITE 202
JACKSONVILLE, FL 32207

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRANIFF, MICHAEL L
12058 SAN JOSE BLVD STE 804
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRYANT, ROBERT T
26 OLD OAK DRIVE
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RICHMOND, ROBERT W II
12058 SAN JOSE BLVD STE 804
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: _____

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

Date

Daytime Phone #