

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000091602

1. Entity Name
CDL, LLC



FILED

08 AUG 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08052008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|-----------------------------|------------------------|-------------------------------------|
| MGRM | BRANIFF, MICHAEL L | 12058 SAN JOSE BLVD STE 804 | JACKSONVILLE, FL 32223 | <input type="checkbox"/> |
| MGRM | BRYANT, ROBERT T | 26 OLD OAK DRIVE | PALM COAST, FL 32137 | <input type="checkbox"/> |
| MGR | RICHMOND, ROBERT W II | 12058 SAN JOSE BLVD STE 804 | JACKSONVILLE, FL 32223 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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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: Michael L. Braniff, Mgrm Date: 8/6/08 Daytime Phone #: 904-200-9009