

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121703

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: CFI SALES & MARKETING, LLC

**Current Principal Place of Business:**

5601 WINDHOVER DRIVE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5601 WINDHOVER DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-3117661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLODIG, GREGORY J  
GREENSPOON MARDER, P.A.  
100 W. CYPRESS CREEK RD, STE. 700  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: CFI SALES & MARKETIN, G, INC.  
Address: 5601 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: PST ( ) Delete  
Name: SIEGEL, DAVID  
Address: 5601 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

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

Title: PST (X) Change ( ) Addition  
Name: SIEGEL, DAVID A  
Address: 5601 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

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: DAVID A. SIEGEL

PRES

04/14/2008

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