

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000006640

Entity Name: CER ENTERPRIZE, LLC

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

7801 W COMMERCIAL BLVD
TAMARAC, FL 33320

New Principal Place of Business:

Current Mailing Address:

PO BOX 25456
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 02-0765062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENSEN, ESSIE E
7374 NW 49TH ST
LAUDERHILL, FL 33319 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: P () Delete
Name: DUNCAN, MERCURY
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33320

Title: VP () Delete
Name: PREDELUS, ANDY
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33320

Title: TRES (X) Delete
Name: CHRISTENSEN, ESSIE
Address: 7374 NW 49TH STREET
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DUNCAN, MERCURY
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33351

Title: MGR (X) Change () Addition
Name: CHRISTENSEN, ESTHER
Address: 7374 NW 49TH STREET
City-St-Zip: LAUDERHILL, FL 33319

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

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: MERCURY DUNCAN

P

05/09/2008

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