

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006640

Entity Name: CER ENTERPRIZE, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

7801 W COMMERCIAL BLVD  
TAMARAC, FL 33320

## New Principal Place of Business:

## Current Mailing Address:

7801 W COMMERCIAL BLVD  
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:

CHRISTENSEN, ESSIE E  
7801 W COMMERCIAL BLVD  
TAMARAC, FL 33351 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

Title: MGR ( ) Delete  
Name: CHRISTENSEN, ESTHER  
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 33320

Title: MGR (X) Change ( ) Addition  
Name: CHRISTENSEN, ESTHER  
Address: PO BOX 25456  
City-St-Zip: TAMARAC, FL 33320

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

04/28/2009

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