

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000006640

FILED
Jul 10, 2009
Secretary of State**Entity Name:** CER ENTERPRIZE, LLC**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:**CER FINANCIAL SERVICES
7801 W COMMERCIAL BLVD
TAMARAC, FL 33351 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: MARTINEZ, SONIA
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33320**Title:** VP () Delete
Name: MERCURY, DUNCAN
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33320**Title:** MGR (X) Delete
Name: CHRISTENSEN, ESSIE
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33320**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (X) Change () Addition
Name: MERCURY, DUNCAN
Address: PO BOX 25456
City-St-Zip: TAMARAC, FL 33320**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: SONIA MARTINEZ

P

07/10/2009

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