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Secretary of State

04-25-2007 90036 012 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30010412

03022007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000023662

1. Entity Name
CEFA, LLC

Principal Place of Business	Mailing Address
15541 CEDAR GROVE LANE WELLINGTON, FL 33414	15541 CEDAR GROVE LANE WELLINGTON, FL 33414
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4430279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
METZGER, JOHN T
250 AUSTRALIAN AVENUE SOUTH, SUITE 700
MCDONALD HOPKINS CO., P.A.
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name: CLAUDIA HOET
Street Address (P.O. Box Number is Not Acceptable): 8983 Okeechobee Blvd Suite 202
City: West Palm Beach FL Zip Code 33411

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 [signature] CLAUDIA HOET 06/04/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOET, CLAUDIA 15541 CEDAR GROVE LANE WELLINGTON, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~OWNER~~ MGRM HOET, CLAUDIA 8983 OKEECHOBEE BLVD #202 WEST PALM BEACH, FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] CLAUDIA HOET 03/07/07 (561)3177340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

[signature] CLAUDIA HOET 06/04/07