

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049087

Entity Name: C.A.G., LLC

FILED  
Jan 23, 2008  
Secretary of State

**Current Principal Place of Business:**

3666 E. SEMINOLE ST.  
GOTHA, FL 34734

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771  
GOTHA, FL 34734

**New Mailing Address:**

FEI Number: 20-4887075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWLES, DONALD R  
3666 E. SEMINOLE ST.  
GOTHA, FL 34734 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: MGRM ( ) Delete  
Name: BOWLES, DONALD R  
Address: 3666 E. SEMINOLE ST.  
City-St-Zip: GOTHA, FL 34734

Title: MGRM ( ) Delete  
Name: BOWLES, DYIANN  
Address: 3666 E. SEMINOLE ST.  
City-St-Zip: GOTHA, FL 34734

**ADDITIONS/CHANGES:**

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

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: DONALD R. BOWLES

PRES

01/23/2008

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