2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 13, 2008 8:00 am Secretary of State 03-13-2008 90269 010 ***138.75

DOCUMENT # L06000120056 1. Entity Name CENTRAL FLORIDA LIQUIDATION AND SALES LLC				6			90269 010 ***1	38.75	
Principal Place of Business		Mailing Address	Mailing Address		Pun				
924 SLIGH BV		924 SLIGH BV	· ·		,				
ORLANDO, FL 32806		ORLANDO, FL 32806							
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2. Principal Place of Business - No P.O. Box # 3. Mailing Addr						The state of the s			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282008	Chg-LLC	CR2E083 (12/06	5)		
City & State		City & State		4. FEI Numb	805760		Applied For		
Zip	Country	Zip	_ Countr	ry	i	e of Status Desired	□ \$5.00 A	dditional	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and	d Address of New R	Fee Requi	red	
				Name					
KENEIPP, DALE M 9518 SHORT LEAF CT APOPKA, FL 32703			}	Street Address (P.O. Box Number is Not Acceptable)					
APOPKA,	FL 32/03		-		•	·	78.0		
				City	FL Zip Code				
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered	d office or register	ed agent, or bo	oth, in the State of Flo		h, and accept	
. SIGNATURE									
	Signature, typed or printed name of registered agr	ent and title if applicable (NOTE	E: Registered	Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable to Department of Sta		
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	□ Delete	TITLE				☐ Change	Addition	
NAME	KENEIPP, DALE M		NAME				<u> </u>		
STREET ADDRESS	9518 SHORT LEAF CT		STREET	TADORESS					
CITY-ST-ZIP	APOPKA, FL 32703		CITY-S	ST-ZIP					
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CITY-ST-ZIP			CITY-S						
TITLE		☐ Defete	TITLE			·	☐ Change	Addition	
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TITLE			STREET	ADDRESS					
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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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: