

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054961

FILED
Apr 14, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA REFERRAL GROUP LLC

Current Principal Place of Business:

235 SOUTH CENTRAL AVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

235 SOUTH CENTRAL AVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 41-2240576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEMMA, CHRISTOPHER M
3943 MCGUIRK CT
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

UNGERMAN, GAILEN J
2977 ERSKINE DR.
OVIEDO, FL 32765 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: GAILEN J. UNGERMAN

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YEMMA, CHRISTOPHER M
Address: 3943 MCGUIRK CT
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: MEDICO, CAROLE
Address: 1152 NEEDLEWOOD LOOP
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: WALTON, DOROTHY M
Address: 750 OLD MIMS ROAD
City-St-Zip: GENEVA, FL 32732

Title: MGRM (X) Delete
Name: UNGERMAN, GAILEN J
Address: 2977 ERSKINE DR.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UNGERMAN, GAILEN J
Address: 2977 ERSKINE DR.
City-St-Zip: OVIEDO, FL 32765

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

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: GAILEN J. UNGERMAN

MGRM

04/14/2009

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