

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000054961

FILED
Sep 16, 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:**UNGERMAN, GAILEN J
2977 ERSKINE DR.
OVIEDO, FL 32765 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: UNGERMAN, GAILEN J
Address: 2977 ERSKINE DR.
City-St-Zip: OVIEDO, FL 32765**Title:** MGRM (X) Delete
Name: MEDICO, CAROLE
Address: 1152 NEEDLEWOOD LOOP
City-St-Zip: OVIEDO, FL 32765**Title:** MGRM (X) Delete
Name: WALTON, DOROTHY M
Address: 750 OLD MIMS ROAD
City-St-Zip: GENEVA, FL 32732**ADDITIONS/CHANGES:****Title:** MGR (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:

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 JOYCE UNGERMAN

MGR

09/16/2009

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