

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066970

Entity Name: CG ENTERPRISES, LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5879 C.R. 352  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

**Current Mailing Address:**

5879 C.R. 352  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

FEI Number: 26-4333340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PICKLESIMER, CYNTHIA L  
5879 C.R. 352  
KEYSTONE HEIGHTS, FL 32656 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PICKLESIMER, GLENN R  
Address: 5879 C.R. 352  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: MGRM  
Name: PICKLESIMER, CYNTHIA L  
Address: 5879 C.R. 352  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby 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: GLENN PICKLESIMER

MGRM

05/03/2010

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