

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-27-2008 90075 036 ***138.75

DOCUMENT # L07000076399

1. Entity Name
CDC PURCHASES, LLC



Principal Place of Business
7257 WHITFIELD AVENUE
BOYNTON BEACH, FL 33437 US

Mailing Address
7257 WHITFIELD AVENUE
BOYNTON BEACH, FL 33437 US

30004410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
90-0351496

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GED, MARTY
7171 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DESANTI, CHRISTOPHER
STREET ADDRESS
318 EAST MALLORY CIRCLE
CITY-ST-ZIP
DELRAY BEACH, FL 33483 ☐ Delete

TITLE
NAME
Christopher DeSanti
STREET ADDRESS
7257 Whitfield Ave
CITY-ST-ZIP
Boynton Beach, Fl.
33437 ☒ Change ☐ Addition

TITLE
NAME
MGRM
DESANTI, CLAUDETTE
STREET ADDRESS
7257 WHITFIELD AVENUE
CITY-ST-ZIP
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/12/08